

11/9/2020

Division of Corporations

M16000010111

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H20000388510 3)))



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ap@miamibeachmedicalgroup.com

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TALLahassee, Florida
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MB MEDICAL TRANSPORT, LLC

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November 12, 2020

FLORIDA DEPARTMENT OF STATE
Division of CorporationsMB MEDICAL TRANSPORT, LLC
GAUGE INVESTMENT CO. LLC C/O GAUGE CAPIT
1256 MAIN STREET STE 256
SOUTHLAKE, TX 76092USSUBJECT: MB MEDICAL TRANSPORT, LLC
REF: M16000010111

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document number does not match the entity's name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist IIIFAX Aud. #: H20000388510
Letter Number: 020A00022605

Fax Audit: (((H20000388510 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: MB Medical Transport, LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

2. The Florida document number of this limited liability company is: M16000010111

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/16/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

2021 NOV 12 AM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

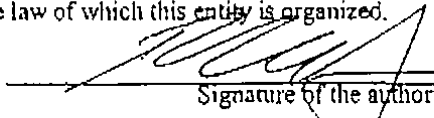
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
S	Daniel Gedney	1256 Main Street, Suite 256	<input type="checkbox"/> Add
		Southlake, Texas 76092	<input checked="" type="checkbox"/> Remove
P	Drew Johnson	1256 Main Street, Suite 256	<input checked="" type="checkbox"/> Add
		Southlake, Texas 76092	<input type="checkbox"/> Remove
S	David Friedman	1256 Main Street, Suite 256	<input checked="" type="checkbox"/> Add
		Southlake, Texas 76092	<input type="checkbox"/> Remove
CEO	Efrain Duarte	1400 NW 107th Avenue, Suite 500	<input checked="" type="checkbox"/> Add
		Miami, Florida 33172	<input type="checkbox"/> Remove
Chairman	Rodolfo Dumenigo, M.D.	1400 NW 107th Avenue, Suite 500	<input checked="" type="checkbox"/> Add
		Miami, Florida 33172	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative
 Robert Stroud, Authorized Representative

 Typed or printed name of signee

Filing Fee: \$25.00

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