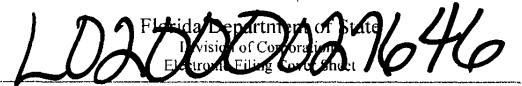
2/26/201B

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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1 (3)

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Division of Corporations

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FEB 2 6 2018

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone Fax Number

: (614)280-3338 : (954)208-0845

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNAL MEDICAL TRANSPORTATION SERVICES, LLC

Certificate of Status	0
Certified Copy	1
l'age Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medical Transpor	rtation Services, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our reco Limbility Company)	ords.)		
The Articles of Organization for this Limited Liability Company lorida document number £02000027646	vivere siled on October 18, 20	02 and assigned		
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	ollity company here:			
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "Li	LC" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	9100 S. Dadeland Boulevard, Suite 1250 Miami, FL 33156			
Principal office address MUST BE A STREET ADDRESS)				
inter new mailing address, if applicable:	9100 S. Dadeland Boulevard	f. Suito 1250		
Mailing address MAY BE A POST OFFICE BOX)	Minn. PD 33130			
s. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	ffice address on our recor	ds, enter Ar name of the		
Name of New Registered Agent:	et est	LORD		
New Registered Office Address:	Enter Florida street add	P 1		
	, 1 , 1	Florida Zip Code		
lew Resistered Agent's Signature, if changing Registered Agent:	i.			
hereby accept the appointment as registered agent and agr	•	further agree to comply with		

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

Page 1 of 3

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Add Remove	
☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Change	
Change	
Change	
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TO AGE OF	
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Remove	
☐ Change	13.
☐ Remove	

D. If an	tending any other information, enter change(s) here: (Altach additional sheets, if necessary.)	
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• .	8 26 SS 26	
		?
	P	4
Note	etive date, if other than the date of filing:	(207 (3)(b) Las the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Date	d February 26 2018	
	Signature of a member or authorized representative of a member	
	Roger Rodriguez; Manager	
	Typed or printed name of signee.	

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Filing Fee: \$25.00