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COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: NO DIC	1 Wheelchair -	Transport LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Shari Scho	POPOLICA Name of Person	
	Rapid Wheel	Chair Transport LLS Firm/Company	2
	1104 Harva	Address	
	Bradenton	FL 34207 City/State and Zip Code	
	Schoppley (to be used for future annual report notification)	
For further information co	oncerning this matter, please ca	•	
Shari Schope	حاروبا	at (941) 812-3084	h. N. what
name of	Person'	Area Code & Daytime Telep	none Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Cartificate of Status & Cartificate Opy (additional copy is enclosed)
	NG ADDRESS:	STREET/COURIER AI	DDRESS:
	ntion Section n of Corporations	Registration Section Division of Corporations	STATE STATE STATE
P.O. Bo Tallaha	x 6327 ssee, FL 32314	Clifton Building 2661 Executive Center Ci Tallahassee, Ft. 32301	ircle

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Rapid Wheelchair (Name of the Limited)	Transport LLC Liability Company as it now appear Florida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Lia Florida document number LIIOO011490	ability Company were filed on Or		and a	assigne	ed
This amendment is submitted to amend the follo	wing:				
A. If amending name, <u>enter the new name of</u>	the limited liability company here	<u>e</u> :			
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Compar	ny," the designation	"LLC" or the	e abbro	 eviation
Enter new principal offices address, if applica			55 cm	22	
Principal office address MUST BE A STREET	T ADDRESS)			<u>=</u>	
				7 <u>7</u> 0	- in the state of
				ပ္သ	
Enter new mailing address, if applicable:			<u> </u>	<u></u>	
<u>(Mailing address MAY BE A POST OFFICE E</u>	<u></u>		17.00		
			2 <u>2</u>	<u></u>	
B. If amending the registered agent and/oregistered agent and/or the new registered off		ur records, <u>ente</u>	r the name	of th	<u>1e_new</u>
Name of New Registered Agent:	Shari Schoppelrey 1104 Harvard Ave	·····			
New Registered Office Address:					
	•	er Florida street a			,
	Bradenton	, Florida _	34207		
	City		Zip Co	de	
New Registered Agent's Signature, if changing P.	egistered 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Edward Schoppelrey	1104 Harvard Ave	Add
		Bradenton, FL 34207	Remove
MOL	Shari Schoppelrey	1104 Harard Ave	🔀 Add
		Bradenton, FL 3-1207	Remove
			
			Add
			Remove
			201 . SE
		<u> </u>	Add Add
			Remove
		LORIDA	Remove
			Add
			Remove
			-
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	\ .'\ 1\ 1\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Dated _	Hpril 20 () (2015)
	Signature of a member or authorized representative of a member
	Eduard Schoppelry
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 MPR 30 PM 1: 16
SECRETARY OF STAFF