

L11000141096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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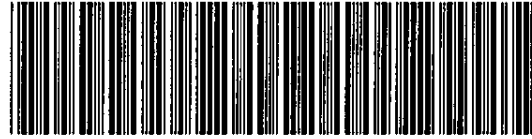
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**B. KOHR**

JAN 27 2012

**EXAMINER**



200217360362

01/20/12 --01020--007 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 27 PM 1:24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2012

EVA L. AVILES  
885 VERCELLI STREET  
DELTONA, FL 32725

SUBJECT: AVI-MED TRANSPORT LLC.  
Ref. Number: L11000141096

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We have received your document for AVI-MED TRANSPORT LLC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new name you have chosen -- AVI TRANS LLC -- is too similar to the name of an already existing entity -- AVITRAN, INC. -- Document Number P02000114380.

Please choose another 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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 812A00001510

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Avi-Med Transport LLC**  
Name of Limited Liability Company

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JAN 27 PM 1:24

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eva L Aviles  
Name of Person  
Firm/Company  
885 Vercelli ST  
Address  
Deltona, FL 32725  
City/State and Zip Code  
avimedtrans@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eva L Aviles at ( 386 ) 562-3902  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 27 PM 1:24

Avi -Med Transport LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December, 16, 2012 and assigned Florida document number L11000141096.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

AVI-TRANS SERVICES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

885 Vercelli St

**(Principal office address MUST BE A STREET ADDRESS)**

Deltona, FL 32725

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office 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 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:**

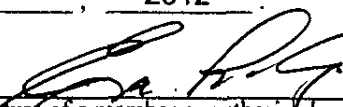
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
vp	Eva L Aviles	885 Vercelli St Deltona, FL 32725	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
p	Jose R Aviles	885 Vercelli St Deltona, FL 32725	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated January, 17, 2012

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Eva L Aviles vp  
 \_\_\_\_\_  
 Typed or printed name of signee