

L13000012326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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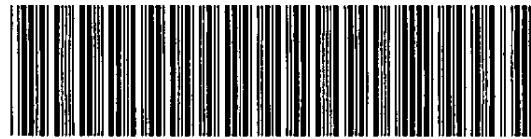
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 29 2013
J. BRYAN

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TALLAHASSEE FLORIDA

COVER LETTER

NAME Miles WARD

Address

4600 27th Pkwy
SARASOTA FL 34235

Phone no

941.330.7140

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

Medichair Transport Service, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 1/24/2013 and assigned

Florida document number 13000012326

This amendment is submitted to amend the following:

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

Comprehensive Preservation Solutions, 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:

(Principal office address MUST BE A STREET ADDRESS)

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>
MGRM	Autumn English	591 Grove Ave. Port Charlotte, FL 33952	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Cathy Ward	4000 27th Pkwy Arcadia, FL 34235	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jonathon Bors-Koefoed	591 Grove Ave. Port Charlotte, FL 33952	<input type="checkbox"/> Add <input checked="" 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

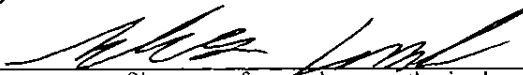
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COUNTY

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

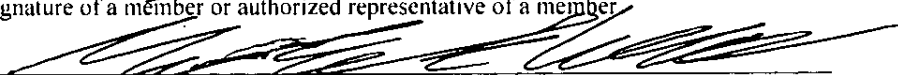
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TALLAHASSEE, FLORIDA

Dated

Aug 26, 2013


Signature of a member or authorized representative of a member

Miles Ward


Typed or printed name of signee

Miles WARD

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