

PJ
L1300000 31794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

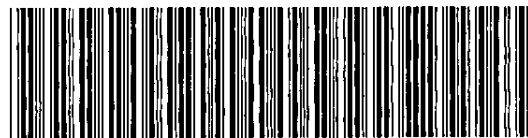
(Business Entity Name)

(Document Number)

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03/15/13--01016--010 **30.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Med Care Transport LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Horace Giddens
Name of Person
Med Care Transport LLC
Firm/Company
P.O. Box 10664
Address
Daytona Bch, FL 32120
City/State and Zip Code
Jackson233(A)AOL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Horace Giddens at 386 589-3050
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**

Med Care 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 03-01-13 and assigned
Florida document number L13000031794

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 15 PM 12:30

This amendment is submitted to amend the following:

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

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)

1409 Dexter Drive
Port Orange, FL 32129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 10664
Daytona Bch, FL 32120

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	Ceteria G Sessoms	1266 Conti ST Port Orange, 7132128	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Horace Giddens	P.O. Box 10664 Daytona Bch, 7132120	<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
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 DIVISION OF CORPORATIONS
 13 MAR 15 PM 12:20

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

Dated 03-12, 2013.


Signature of a member or authorized representative of a member

Horace J. Giddens
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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