L13000065078

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2016
J. HARRIS

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** 10N1 TRANS-SERVICES 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:

JULIO MOLINA
Name of Person

JULIO MOLINA PA
Firm/Company

2002 CURRY FORD RD
Address

ORLANDO FL 32806
City/State and Zip Code

JULIOMOLINA@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO MOLINA at (407) 228-4757
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

10N1 TRANS-SERVICES 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 05/03/2013 and assigned Florida document number L13000065078.

This amendment is submitted to amend the following:

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

AMERICA MEDICAL SERVICES LLC

The new name must be distinguishable and contain 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)***

713 QUAIL HOLLOW DR
ORLANDO FL 32825

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

713 QUAIL HOLLOW DR
ORLNADO FL 32825



**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: GERALD I POLANCO

New Registered Office Address: 713 QUAIL HOLLOW DR
*Enter Florida street address*

ORLANDO, **Florida** 32825
*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 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**

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

**MGR = Manager**
**AMBR = Authorized Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGRM | DOMINGO A GONZALEZ | 2110 DORRIS DR | ■ Add |
| | | ORLANDO FL 32807 | ☐ Remove |
| | | | ☐ Change |
| MGRM | GERALD I POLANCO | 713 QUAIL HOLLOW DR | ■ Add |
| | | ORLANDO FL 32825 | ☐ Remove |
| | | | ☐ Change |
| MGRM | EMERSON POLANCO | 713 QUAIL HOLLOW DR | ☐ Add |
| | | ORLANDO FL 32825 | ☐ Remove |
| | | | ■ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

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

**E. Effective date, if other than the date of filing: _____ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 05/10/2016, _____.

_____
Signature of a member or authorized representative of a member

GERALD I. PONCE
Typed or printed name of signee

FILED
16 MAY 18 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**Filing Fee: $25.00**