

LI30000115339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

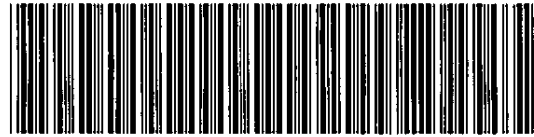
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DIVISION OF CORPORATIONS

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 21 2013

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALLPOINTS MEDICAL

TRANSPORTATION, L.L.C.

Signature _____

Requested by: Seth

08/20/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

☒ Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

☒ Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

2013 AUG 20 AM 9:55
STATE
TALLAHASSEE, FL 32301

CHIEF OF CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLPOINTS MEDICAL TRANSPORTATION, L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

George J. Dramis, Esquire

Name of Person

Morgan Dramis, P. A.

Firm/Company

2364 Fruitville Road

Address

Sarasota, Florida 34237

City/State and Zip Code

gdramis@morgandramis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George J. Dramis, Esq. at (941) 953-4555

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (4/13)

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STATE
OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
ALLPOINTS MEDICAL TRANSPORTATION, L.L.C.

SECOND: The articles of organization or the application to transact business:

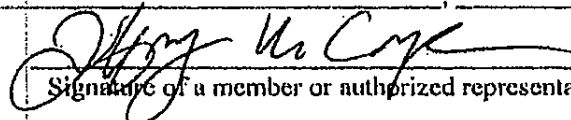
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
ALLPOINTS should be ALL POINTS (with a space in between ALL and
POINTS) name should read: ALL POINTS MEDICAL TRANSPORTATION,
L.L.C. The member: William T. Beach needs to have "Jr." following his name,
so that it reads: William T. Beach, Jr.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: August 19, 2013

X 
Signature of a member or authorized representative of a member
Jeffrey M. Cooper

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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