

L130000115339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

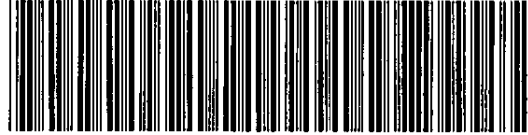
(Business Entity Name)

(Document Number)

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15 AUG 20 PM 4:53
CLERK OF COURT
TALLAHASSEE, FLORIDA

AUG 21 2015

Y SULKER

David S. Band
Chad L. Gates
George J. Dramis*



Cathleen C. Kenney
September L. Dramis
**Florida Bar Board Certified Construction Law*

BAND GATES & DRAMIS
ATTORNEYS

August 17, 2015

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

Re: All Points Medical Transportation, LLC
Articles of Amendment
Change Address Only

Dear Sir:

Enclosed is the original Articles of Amendment for All Points Medical Transportation, LLC, requesting a change of address only regarding the Principal Address, Mailing Address, Registered Agent Address and Authorized Person(s) to the new address of: 923 North Lime Avenue, Sarasota, Florida 34237.

Enclosed is All Points medical Transportation, LLC's Check No. 1429 in the amount of \$25 for the filing fee.

Thank you for your assistance regarding this matter.

Sincerely,

BAND, GATES & DRAMIS, P. L.

George J. Dramis

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All Points Medical Transportation, L.L.C.
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:

George J. Dramis, Esquire

Name of Person

Band, Gates & Dramis, P.L.

Firm/Company

One South School Avenue, Suite 501

Address

Sarasota, Florida 34237

City/State and Zip Code

jeff.cooper@brightstarcare.com

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

For further information concerning this matter, please call:

George J. Dramis, Esquire

941
at ()

366-5368

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**

All Points Medical Transportation, L.L.C.

(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 August 14, 2013 and assigned
Florida document number L13000115339.

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 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)

923 North Lime Avenue

Sarasota, Florida 34237

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

923 North Lime Avenue

Sarasota, Florida 34237

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:

923 North Lime Avenue

Enter Florida street address

Sarasota

, Florida 34237

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeffrey M. Cooper		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		923 North Lime Ave., Sarasota, FL 34237	<input checked="" type="checkbox"/> Change
AMBR	Susan Cooper		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		923 North Lime Ave., Sarasota, FL 34237	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

The only change is to change the address for: Principal Address, Mailing Address, Registered Agent Address, Authorized
Person(s)
to read: 923 North Lime Avenue, Sarasota, Florida 34237.

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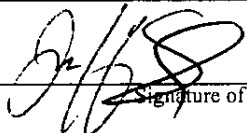
E. Effective date, if other than the date of filing: _____ (optional)

(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 8-17, 2015



Signature of a member or authorized representative of a member

Jeffrey M. Cooper

Typed or printed name of signee