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COVER LETTER

TO: Registration Section
Division of Corporations

Surgery Port Escort Service of Jacksonville, 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:

George A. Eldredge

Name of Person

Port Escort Service of Jacksonville, LLC

Firm/Company

1139 Sunray Court

Address

Jacksonville, Florida 32218

City/State and Zip Code

pesjax@gmail.com

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

For further information concerning this matter, please call:

George A. Eldredge

a, 904, 885-2450

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

PORT ESCORT SERVICE OF JACKSONVIIIE, LLI (Name of the Limited Liability Comp	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on March 04, 2014	and assigned
Florida document number L14000036397		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the designation "LLC" or t	he 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)		
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		er the name of the
Name of New Registered Agent:		7
New Registered Office Address:		
	Enter Florida street address	100
	, Florida	Zip Code 1
New Registered Agent's Signature, if changing Registered Agent	•	Company (A)
	-	

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 the Managers or, Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Address** Type of Action <u>Name</u> 1139 Sunray Ct Eldredge, George A. MGR ■ Add Jacksonville, Fl 32218 ☐ Remove Diaz, Andrew 3333 Monument Rd MGR □ Add Apt 1116 Remove Jacksonville, FI 32225 Smith, John 5426 Attleboro St **AMBR** ☐ Add Jacksonville, Fl 32206 ■ Remove □ Add □ Add ☐ Remove

Effective date, if other than the da (The effective date must be specific, cannot lead the date this document is filed by the Florid	te of filing: be prior to date of receipt or filed date and cannot be more than 90 da Department of State)	optional) days after
Dated May 12	2014	

Page 3 of 3

Filing Fee: \$25.00

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