

L15000086517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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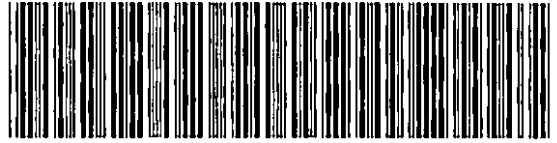
(Business Entity Name)

(Document Number)

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FEB 28 2019
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Amend

FEB - 4 2019

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: JUST LIKE FAMILY CONCIERGE MEDICAL TRANSPORT SERVI
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:

Scott Ketchum, Esq.

Name of Person

Law Offices of Scott M. Ketchum, PA

Firm/Company

9180 Galleria Ct., Suite 400

Address

Naples, FL 34109

City/State and Zip Code

sketchum@ketchum-law.com

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

For further information concerning this matter, please call:

Scott Ketchum

239

304-6135

at ()

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

FILED
STATE
REGISTRATION
10 MAR 29 PM 12:03

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JUST LIKE FAMILY CONCIERGE MEDICAL TRANSPORT 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 05/15/2015 and assigned Florida document number L15000086517.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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>
MGR	Charles Bacon	1201 Piper Blvd	<input checked="" type="checkbox"/> Add
		Suite 24	<input type="checkbox"/> Remove
		Naples, FL 34110	<input type="checkbox"/> Change
AMBR	Jeffrey A. Panozzo	1201 Piper Blvd	<input type="checkbox"/> Add
		Suite 24	<input type="checkbox"/> Remove
		Naples, FL 34110	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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