

AUG/29/2018 WED 04:44 PM
8/29/2018

Sarasota Office

FAX No. 941-365-4924

2.00

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000253589 3)))



H180002535893ABC8

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ap@miamibeachmedicalgroup.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAMI BEACH MEDICAL TRANSPORT L.L.C.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

AUG 30 2018

Fax Audit # (((H18000253589 3)))

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

Miami Beach Medical Transport L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
18 AUG 29 AM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/20/2015 and assigned
Florida document number L15000088102.

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

Fax Audit # (((H18000253589 3)))

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	Rodolfo Dumenigo MD PA	1400 NW 107th Ave	<input type="checkbox"/> Add
		Suite 500	<input checked="" type="checkbox"/> Remove
		Miami, FL 33172	<input type="checkbox"/> Change
MGR	MB Medical Transport, LLC	1400 NW 107th Ave	<input checked="" type="checkbox"/> Add
		Suite 500	<input type="checkbox"/> Remove
		Miami, FL 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18 AUG 29 AM 4:20
TALLAHASSEE FL 32304
STATE OF FLORIDA

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

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18 AUG 29 AM 4:20
STATE
TALLAHASSEE, FLORIDA

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

Effective date, if other than the date of filing: _____ (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 August 28, 2018

Jose Sanchez

Signature of a member or authorized representative of a member

Jose Sanchez

Typed or printed name of signee