L15000137247

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SEGNETARY OF STATE
AND ANASSEE FLORIDA

OCT OF 2015

J. HARRIS

TO: Registration Section Division of Corporations SUBJECT: MED Travsport 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:

Spencer HASTINGS Name of Person
Name of Person
Med LIPN Transport, LLC
Firm/Company
511 SE 5th Aue #1/421
Address
Fort Lade-dole PC 33301
City/State and Zip Code
Spencer cussociation 1 com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Spener Hashus	at (954 _)_	907 6500
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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2015

SPENCER HASTINGS 511 SE 5TH AVE #1921 FORT LAUDERDALE, FL 33301

SUBJECT: MEDLIEN TRANSPORT, LLC

Ref. Number: L15000137247

We have received your document for MEDLIEN TRANSPORT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P12000095181.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 915A00020070

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDLIEN TRANSPORT, 4.C		
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L15 000\37247</u> .	8-11-2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>v here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," to	the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u><</u> ت	y: 23
		To preme
		Z N
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		(C) (402/40)
	<u> </u>	() () () () () () () () () () () () () (
		(1) (Q)
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, enter the	name of the n
		<u>-</u>
New Registered Office Address:	Florida street address	
Enter	r tortuu sireet uuuress	
	, Florida	
City	Z	ip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in th	his capacity. I further goree to	o comply with th

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
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			□ Remove
			Change
MER	KATI Millerarmos	13015 Univery Dr \$2300 Davie Per 33328	t Add
		DAVIE D 33328	□ Remove
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fective date, if other than effective date is listed, the ote: If the date inserted in cument's effective date of the record specifies a date of the 90th day after the section of the sec	date must be specific and in this block does not in the Department of States and Theorems and T	d cannot be prior to date meet the applicable s State's records. date, but not an	tatutory filing require	ements, this date	will not be lis	sted
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ated	Signature of a	member or authorized	representative of a men	nber	OCT-2	

Page 3 of 3

Filing Fee: \$25.00