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## **COVER LETTER**

	Registration Se Division of Cor			
CLID IEC		Y INTERNATIONAL EMER	GENCY& MEDICAL SERVICES	L.C.
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	um all correspo	ndence concerning this matter	to the following:	
		Oliver Mueller		
			Name of Person	
		211RIVERWALK NORT	TH PROFESSSIONAL BLDG	
		-	Firm/Company	
		2400SEVETERANSME	EMORIAL PKWY	
			Address	<u> </u>
		PORTSTLUCIE, FL 349	952	
			City/State and Zip Code	· ·
		oliver.mueller@gateway-		
			to be used for future annual report notifi	cation)
For furthe	r information c	oncerning this matter, please ca	all:	
Oliver Mu	ueller		772 212-7231	
	Name o	f Person		Telephone Number
Enclosed i	s a check for th	e 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

GATEWAY INTERNATIONAL EMERGENCY & MEDICAL SERVICES L.L.C.

2016 HAR =7 PH 2:39

(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 \_\_\_\_\_\_\_\_8/21/2015 and assigned Florida document number L15000143759 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gateway International & Emergency Medical Services L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent:

### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

N/A

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added FILED or removed from our records:, MGR = Manager AMBR = Authorized Member **Type of Action Title** <u>Name</u> **Address** N/A □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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