15000144875

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



200284564302

04/18/16--01036--023 **25.00



K.SALY EXAMINER APR 20

COVER LETTER

Registration Section Division of Corporations				
Central Medical Transporta	ation and Services LLC			
Na	me of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the following:			
Curtis Bowman				
Name of Person				
Central Medical Transportation and Se	ervices LLC			
Firm/Company				
1508 W. MAIN ST Address				
Lees burg FL 34748 City/State and Zip Code	-			
cbowman6262@gmail.com				
E-mail address: (to be used for future an	nnual report notification)			
For further information concerning this matter	er, please call:			
Mo Khan	407 535-1711			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	ng amount:			
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 08/24/2015 and assigned Florida document number L15000144875 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:

Curtis Bowman

New Registered Office Address:

Lechnique, Florida 34748

City Zip Code

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

Central Medical Transportation & Services LLC

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>	Address	Type of Action
MGR	Vulerie Bowmen	1508 W. MAIN STREET	Add
		1508 W. MAIN STREET Leesburge FL 34748	Remove
			Change
			Add
			Remove
			Hange T
***		· · · · · · · · · · · · · · · · · · ·	THE SEE
			SECRETARY OF STATE CHARGE
			Add
	· .		□ Remove
			Change
			🗆 Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

				•
				PE S T
		· · · · · · · · · · · · · · · · · · ·		TECHNOLOGY TO THE PROPERTY OF
	W			
				ELOF ST.
				- 35 S
				<u> </u>
				
(If an effective Note: If the	ate, if other than the date date is listed, the date must be sp date inserted in this block do effective date on the Departn	ecific and cannot be prior to date bes not meet the applicable st	of filing or more than 90 days a	otional) fter filing.) Pursuant to 605,0207 (3), this date will not be listed as the
If the record (b) The 90th	specifies a delayed effent on day after the record is	ective date, but not an s filed.	effective time, at 12:0	1 a.m. on the earlier of:
Dated	12 Day of April	2016		
	my			
		$\overline{}$	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00