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## **COVER LETTER**

TO:

Med Pro Ti	ransportation		
SUBJECT:	Name of Lim	ited Liability Company	
SUBJECT:    Med Pro Transportation			
Please return all correspo	ondence concerning this matter	to the following:	
	Wilbert Thompson Jr		
		Name of Person	
	Address:  Area Code  Street Address: Certificate of Status  Certific		
	10737 Lemay Drive	d fee(s) are submitted for filing.  ing this matter to the following:  mpson Jr  Name of Person  Firm/Company  ay Drive  Address  L 34711  City/State and Zip Code  @gmail.com  E-mail address: (to be used for future annual report notification)  natter, please call:  at (704	
		Address	
	Address  Clermont FL 34711  City/State and Zip Code willthompjr@gmail.com  E-mail address: (to be used for future annual report notification)		
		City/State and Zip Code	
		to be used for future annual support to	titiontion)
For further information c		·	ineation
Wilbert Thompson			
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
<del>-</del>		· ·	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 24 PM 12: 1.5

Med Pro Transportation LLC		20221111 24 (1) (2. 1)
( <u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability	Company were filed on Sept 28, 2015	and assigned
Florida document number L15000164660	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
MPT Enterprises LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ADECC:	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register	ed office address on our records, enter	r the name of the new register
gent and/or the new registered office address here	•	-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
	F	lorida _
<del></del>	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.

Willet Word ho

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>oi reillo</u>	veu irom our recorus:		
MGR =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	Name	Address	Type of Action
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			□Change
			□Add
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ecord specifies a delayed effectivis filed.	e date, but not an eff	ective time, at 12	:01 a.m. on the ea	rlier of: (b) The S	Oth day after the
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	- 4	. 1	) <sub>21</sub>		
	Signature of a membe	Josep /	7		
	- Signalure of a membe	COLUMN CENTRE LOS	resentative of a mem	ner	