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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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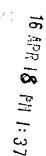


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## **COVER LETTER**

SUBJECT: BC	A NON-EHEIGE Name of Lim	NCY Medical TRA	nsportation uc
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Division of Corporations  SUBJECT: BCIA NON-EHEGENCY Medical Transfortation UC  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:  Blanca Soland Name of Person  Firm/Company  800 Statight Cow Apt 101  Address  ORIAND FL. 33838  City/State and Zip Code  NOSTASOITE Gmail Com  E-mail address: (to be used for future annual report notification)  for further information concerning this matter, please call:  Blanca Soland at (407) 797-3309  Name of Person Area Code Daytime Telephone Number			
	Blar	Name of Person	
		Fitm/Company	
	800 Slar1	Light core Apt 10	)/
	DRIO	udo FL, 31828 City/State and Zip Code	
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For further information of			
Bland Name of	f Person	at ( <u>407</u> ) <u>797-3</u> Area Code Daytime	3209 Telephone Number
Enclosed is a check for t	he 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

#### MAILING ADDRESS:

TO:

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

BELA Nov-Energency Hedical Thansportation Le

(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	and as	signed	
Florida document number				
This amendment is submitted to amend the following:				
Inter new mailing address, if applicable:				
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)		<u>–</u>	_
			·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				_
			16	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>ente</u>	r the name	<u>ाम्स</u> २०	nev
and or the new registered office and	raress here.	. ** Les	~ 6	
Name of New Registered Agent:			—sp	*
			****	<u> </u>
New Registered Office Address:	Enter Florida street address	12	<del>း.</del> မေ	
		•,	7	
•	, Florida	Zip Code	<del></del>	
	2·1/2	Zip Cour		

#### 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

# 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 = Aut	horized Member	
Title Hanager	Name Blanca Golano	Address  Type of Action  Apt 101- OCL FL3282  April 19th Cove by Add
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ffective date, if other than the date of filing: (optional) 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.			17 (2)/1
and the second s	will not be	e listed a	s the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date locument's effective date on the Department of State's records.			of:
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date locument's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the e	arlier o	
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Page 3 of 3

Filing Fee: \$25.00