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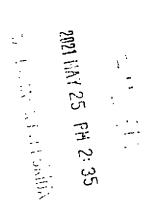
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: MED-R | IDE OF FLORI | IDA LLC | |
|----------------------------------|--|---|---|
| | Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Articles of An | nendment and fee(s) are subi | nitted for filing. | |
| Please return all corresponde | ence concerning this matter t | to the following: | |
| | | | |
| | SANDRA CA | IRIA | |
| | | Name of Person | |
| | MED- RIDE | of Floring LLC | |
| | | Firm Compan | |
| | 1540 INTERN | JATIONAL PKWY | SUITE 2000 |
| | | | |
| | LAKE MAR | Y, FL, 32746 City/State and Zip Code | |
| | | | |
| - | SANDRA (Q | MEDRINE FL. COI o be used for future annual report notifica | ation) |
| For further information cond | | | , |
| SANDRA CA | ARIA | at (407) 530 - 0 | 7955 |
| Name of Pe | rson | Area Code Daytime I | elephone Number |
| Evaluated in a physic for the of | allouing a manus. | | |
| Enclosed is a check for the f | | | |
| √\$25.00 Filing Fee | S30.00 Filing Fee & Outlifeate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Addisons | | Chuant Address. | |

Mailing Address:

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MED-RIDE OF FLORIDA L | <u>-LC</u> | | |
|--|--|--|--|
| (Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa | ny) | | |
| The Articles of Organization for this Limited Liability Company were filed or Florida document number 1600 122756 | n = 06 27 2016 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability compan | <u>ry here</u> : | | |
| 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) | 2 2 | | |
| | <u> </u> | | |
| | 3 | | |
| Enter new mailing address, if applicable: | <u> </u> | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 35 | | |
| | | | |
| B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here: Name of New Registered Agen: | our records, <u>enter the name of the new register</u> | | |
| New Registered Office Adaress | | | |
| Est et | Enver Florida street address | | |
| | Florida Zip Code | | |
| City New Beak toyed Agent's Signature of shanging Begintened Agent: | Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| **: **ereby accept the appointment as registered agent and agree to act in a provisions of all statutes relative to the proper and complete performance | • • • | | |

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 |
|--------------------------|--------------------|--------------------------|-----------------|
| AUTHORIZED REPRESENTA | TIVE GUSTAVO CARIA | 1540 INTERNATIONAL PKWY | LIAE |
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| Tective date, if other than the date of | | | (optional) | |
| an effective date is listed, the date must be speci- ote: If the date inserted in this block does | s not meet the applicable | | | |
| ocument's effective date on the Departmen | nt of State's record. | | | |
| ecord specifies a delayed effective date, b | out not an effective time | at 12:Al a m. on the ea | rlier of: (b) The | 90th day after the |
| is filed | an for an effective finite. | th 12.01 d.m. of the ca | inci or the | your em <u>y</u> arrest the |
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| ated MAY 17th | <u> 2021</u> | 1100 | 7 | |
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