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| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | ocument Number)    |             |
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## **COVER LETTER**

DS

TO: Registration Section
Division of Corporation:

| Div            | ision of Corpo | orations                                     |  |                      |   |         |
|----------------|----------------|--|--|----------------------|---|---------|
| SUBJECT:       | Wells Transpo  | ortation Services L.L.C                      |  | 2017 CCT 13 /,       | ii 9: 24  |         |
| Sebeta I.      | ·····          | Name of Limi                                 | ted Liability Company  | Milanda.             | Sala Color  |         |
| The enclosed   | Articles of A  | mendment and fec(s) are subr                 | mitted for filing.   |                      |   |         |
| Please return  | all correspond | lence concerning this matter                 | to the following:  |                      |   |         |
|                |                | Jean Claude Casseus                          |  |                      |   |         |
|                |                |  | Name of Person   |                      |   |         |
|                |                | Transportation                               |  |                      |   |         |
|                |                |  | Firm/Company   | ,                    |   |         |
|                |                | 6509 Magellan ct apt # 101                   |  |                      |   |         |
|                |                |  | Address  |                      | <del></del>   |         |
|                |                | Sarasota, Florida                            |  |                      |   |         |
|                |                |  | City/State and Zip Code  |                      |   |         |
|                |                | jcasseus460@yahoo.com                        |  |                      |   |         |
|                |                | E-mail address: (t                           | o be used for future annual                                      | report notification) | 135 <b>6</b>  |         |
| For further in | nformation con | cerning this matter, please ca               | u:   |                      | 100 B   | TI      |
| Jean Claude    |                |  | 941 58<br>at ()  | 30 4575              | 500 0   | FILED   |
| England in     | Name of P      |  | Area Code  | Daytime Telephon     | ne Number   | v<br>33 |
|                |                | following amount:                            |  |                      |   |         |
| □ \$25.00 F    | Filing Fee     | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is en |                      | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Best Economy Wheelchair Services L.L.C

| (Name of the Limited Liability Company<br>(A Florida Limited Liab   | as it now appears on our records.)<br>ility Company)   |
|---|--|
| The Articles of Organization for this Limited Liability Company we  | ere filed on 08-08-2016 and assigned   |
| Florida document number L16000129916  |  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabilit   | y company here:  |
| Wells Transportation Services L.L.C   |  |
| 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)  |  |
|   |  |
| <del>-</del>  |  |
| B. If amending the registered agent and/or registered offic   | e 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:   | In the same of the |
| New Registered Office Address:  | TS PR  |
|   | Enter Florida street address   |
|   | , Florida  |
| <del></del>   | City Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:   | \  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change. | rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is  |

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 |
|--------------|-------------|---------------------------------------|----------------|
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| ffective of<br>an effective | ate, if other than the date of filing: 10-10-2016 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant 6605. |
| ote: If th                  | e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste  |
| ocument'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 earlie h day after the record is filed.  |
| The 90t                     |  |
| The 90t                     |  |
|                             | 9-10 2016  |
|                             | 0-10 2016.   |
|                             | 0-10 2016.   |
|                             | Signature of a member or authorized representative of a member   |

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Filing Fee: \$25.00