

L16000177957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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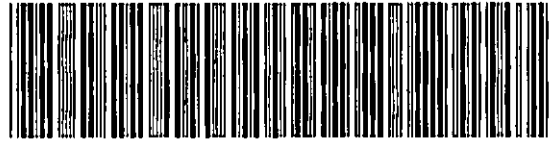
(Business Entity Name)

(Document Number)

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2021 MAY 10 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASMODS MEDICAL TRANSPORT, LLC
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:

Simone Akinleye

Name of Person

Firm/Company

15 Pierce Ln, Palm Coast FL 32164

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAY 10 PM 4:08

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For further information concerning this matter, please call:

Simone Akinleye

Name of Person

at (386) 237-5686

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(additional copy is enclosed)

Mailing Address:

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**

CASMOD MEDICAL TRANSPORT, LLC

(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 9/23/2016 and assigned
Florida document number L16000177957

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CASMOD STAFFING, LLC

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)

389 PALM COAST PKWY
SUITE 4, PALM COAST,
FL 32137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6265 CONTESSA DR,
UNIT 201, ORLANDO
FL 32829

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:

TORI GARDNER

New Registered Office Address:

15 PIERCE LANE

Enter Florida street address

PALM COAST

City

Florida

32164

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.

MEI

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>	<u>Address</u>	<u>Type of Action</u>
MGR	AMBER BLAKE	6265 CONTESSA DR	<input checked="" type="checkbox"/> Add
		UNIT 207, ORLANDO	<input type="checkbox"/> Remove
		FL 32829	<input type="checkbox"/> Change
OWNER	SIMEON AKINLEYE	15 PIERCE LANE, PALM	<input type="checkbox"/> Add
		COAST, FL 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FL

[illegible]

(If 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.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 4th 2021

AMBER BLAKE

Typed or printed name of signee

Filing Fee: \$25.00