

L17000019358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

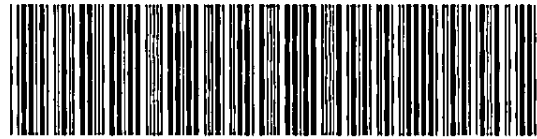
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP 20 AM 8:45
CLERK OF COURT
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CLERK OF COURT

SEP 11 2017

Y. CULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2017

MATTHEW E WISE
13800 PANAMA CITY BEACH PKWY 106D 241
PANAMA CITY BEACH, FL 32407

SUBJECT: CAREQUEST TRANSPORT, LLC
Ref. Number: L17000019358

We have received your document for CAREQUEST TRANSPORT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 217A00018543

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Carequest 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:

Matthew E Wise

Name of Person

Carequest Transport, LLC

Firm/Company

13800 Panama City Beach Pkwy 106D 241

Address

Panama City Beach FL 32407

City/State and Zip Code

info@carequesttransport.com

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

For further information concerning this matter, please call:

Matt Wise

850

890-7625

at (_____) _____

Name of Person

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)

previously 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**

Carequest Transport

(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 January 24th 2017 and assigned
Florida document number L17000019358.

This amendment is submitted to amend the following:

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

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)

550 Mary Esther Cutoff

Number 18 unit 103

Fort Walton Beach, FL 32548

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

550 Mary Esther Cutoff

Number 18 unit 103

Fort Walton Beach, FL 32548

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:

Matthew E Wise

New Registered Office Address:

550 Mary Esther Cutoff, Bldg 18 unit 103

Enter Florida street address

Fort Walton Beach

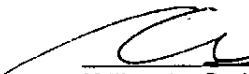
Florida 32548

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.


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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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17 SEP 2017
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 HASSLE FLORES

17 SEP 20 AM 8:45
HASTEE, FLORIDA

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 9, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee