

L17000098859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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08/23/17--01010--002 **25.00

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2017 AUG 23 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FL 32310

K SALY
AUG 25 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Senior Care Transportation, 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:

Shawn D. Bradley

Name of Person

Senior Care Transportation, LLC

Firm/Company

2121 S. Hiwassee Rd STE 4426

Address

Orlando, Florida 32835

City/State and Zip Code

info@seniorecaretransportation.com

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

For further information concerning this matter, please call:

Shawn D. Bradley

-407 393-7612

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)

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**

FILED
2017 AUG 23 PM 12:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

Senior Care Transportation, 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 5/3/17 and assigned
Florida document number 117000098859.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
MGR	Arteus D. Sullivan	6801 Merrill Road	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32277	<input type="checkbox"/> Change
MGR	Shawn D. Bridley	2121 S. Hiawasse RD	<input type="checkbox"/> Add
		STE 4426	<input type="checkbox"/> Remove
		Orlando, Florida 32835	<input checked="" type="checkbox"/> Change
MGR	Randall D. Williams	2121 S. Hiawasse RD	<input checked="" type="checkbox"/> Add
		STE 4426	<input type="checkbox"/> Remove
		Orlando, Florida 32835	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2011 AUG 23 PM 12:25
 FILED
 CLERK OF DISTRICT COURT
 11th JUDICIAL CIRCUIT
 IN FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove Arteuse D. Sullivan

Add Randall Williams

Change DeShawndre to Shawn

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2017 AUG 23 PM 12:25
CLERK OF SUPERIOR COURT
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-23-2017 BY SP-10/MLH

E. Effective date, if other than the date of filing: _____ (optional)

(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.

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 _____


Signature of a member or authorized representative of a member

Shawn D. Bridley

Typed or printed name of signee