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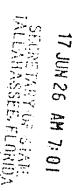
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COVER LETTER

TO:

Registration Section

Division of	Corporations
	OVIA TRANSPORT LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	GARY S NELSON
	Name of Person
	Name of Limited Liability Company Tof Amendment and fee(s) are submitted for filing. Sepondence concerning this matter to the following: GARY S NELSON Name of Person MEDOVIA TRANSPORT LLC Firm/Company 1543 KISH BLVD Address TRINITY FL 34655 City/State and Zip Code GSN@MYUPRIDER.COM E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (727
	1543 KISH BLVD
	TRINITY FL 34655
	City/State and Zip Code
	•
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
GARY NELSON	727 514 2165 at (
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fe	Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy
R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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

MEDOVIA TRANSPORT ELC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L17000113088	ere filed on MAY 22, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abl	breviation "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 registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:		7
New Registered Office Address:		
	Enter Florida street address , Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Colle
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	. , ,	ee to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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
AMBR	JUDITH E. NELSON	1543 KISH BLVD	
		TRINITY FL 34655	Remove
			Change
			Add
			□ Remove
			☐ Change
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e record sp The 90th	pecifies a delayed effect day after the record is	tive date, bu filed.	t not an ef	fective time	at 12:01 a	.m. on the	earlier of
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Filing Fee: \$25.00