11700113088

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	<u> </u>
		10
(Cr	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bi	ısiness Entity Nam	ne)
·	·	,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700302718717

08/21/17--01033--016 **25.00

2017 AUG 21 PH 2: 52

I'M S. S. ART RIS

COVER LETTER

	stration Sec			
SUBJECT: _	Medovia Tra	ansport LLC		
_		Name of Lim	ited Liability Company	
The enclosed .	Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return :	all correspor	ndence concerning this matter	to the following:	
		Gary S Nelson		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			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 notifi-	cation)
For further inf	formation co	oncerning this matter, please ca	ıll:	
Gary's Nelson	1		at () 514 2165 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	check for the	e following amount:		
■ \$25.00 Fil	ling 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

Medovia Transport LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our record ted Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compa	any were filed on May 22 2017	and assigned
Florida document number L17000113088		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited I</u>	iability company here:	
DoctorBird Transportation LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	λ	and the second
		2
Enter new mailing address, if applicable:	7813 Mitchell Blvd	
Mailing address MAY BE A POST OFFICE BOX)	Suite 106	- N
	Trinity FL 34655	52
 If amending the registered agent and/or registered registered agent and/or the new registered office address has been addressed. 	office address on our records	s, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s.
	, Flo	orida
	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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		****	Change
			Add
			□ Remove
			Change
			☐ Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			A C Remove
			Remove
			Add
			□ Add Control Cont
			□ Chunga

	tion, enter change(s) here: (Attach additional sheets	
		
 		
		
	·	
Sole: If the date inscried in this blo document's effective date on the De	effective date, but not an effective time, at 1:	nts, this date will not be listed as
Dated August 18	2017	
	Claus 1	2811 ALI
-	Signature of a member or authorized representative of a member	22 TH 200
Gary S Nelson		25 2 22 - F
	Typed or printed name of signee	P 17
	Page 3 of 3	55 S

Filing Fee: \$25.00