L17000135586

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N. CAUSSEAUX JUL 1 4 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 695043 8054128

AUTHORIZATION

COST LIMIT : (\$\25.00

ORDER DATE: June 21, 2017

ORDER TIME : 1:15 PM

ORDER NO. : 695043-010

CUSTOMER NO: 8054128

DOMESTIC AMENDMENT FILING

NAME: VETERANS RIDESHARE

TRANSPORTATION-FLOIRDA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

SECRETARY OF STATE DIVISION OF CORPORATIONS
2017 JUL -6 PM 12: 42:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VETERANS RIDESHARE TRANSPORTATION-FLOIRDA, 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 $\frac{06/22/2017}{1}$ and assigned Florida document number L17000135586 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VETERANS RIDESHARE TRANSPORTATION - FLORIDA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "1.1.C" or the abbreviation 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

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.

Cirv

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	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
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			Change
			DE SEC
			ZECRETARY Lianger C
			□ A Retarions
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If amending any other information, enter change(s) here: (Attach additional she		
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9. Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 00 days after filing.) Pursuant to ements, this date will not be	605.0207 listed as t
the record specifies a delayed effective date, but not an effective time, ald the solution. The 90th day after the record is filed.	t 12:01 a.m. on the ea	arlier of
Dated 28 June 2017		
Class.		
Signature of a member or authorized representative of a men	aber	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00