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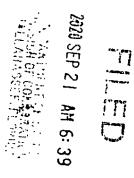
(Requestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
0111116	Kindred Ca	re EMS LLC	•	
SUBJE	U1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Shirmaul Wilson		
			Name of Person	
		Kindred Care EMS		
			Firm/Company	
		4304 Green Pastures Way		
			Address	
		Ellenwood, GA 30294		
			City/State and Zip Code	
		shirmaulwilson@yahoo.cor	n to be used for future annual report no	oiffordian)
For furth	ner information c	e-mail address: (ancatony
Shirmau	ıl Wilson		770 344-7696	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	d is a check for th	ne 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 Addres Registration S		Street Address: Registration S	ection
	Division of C	Corporations	Division of Co	orporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kindred Care EMS				
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)	
			5 S T	
The Articles of Organization for this Limited I	iability Company	were filed on $\frac{06/22/2017}{1}$	and assigned	
lorida document number L17000136244			9.00	
his amendment is submitted to amend the fol	lowing:		M 6: 39	
A. If amending name, enter the new name	of the limited liab	ility company here:	39	
<u> </u>				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
'nter new principal offices address if appli	cahlar	6429 Restlawn Dr		
Enter new principal offices address, if applicable:		Jacksonville, FL		
Principal office address MUST BE A STRE	<u>EI ADDRESS)</u>	32208	·	
		·		
		6429 Restlawn Dr.		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, FL	Manual Control of the	
		32208		
3. If amending the registered agent and/or gent and/or the new registered office address.		address on our records,	enter the name of the new registe	
Name of New Registered Agent:	Jeffrey Totty			
New Registered Office Address:	1091 Oakleaf Plantation Pkwy			
registered Office Address.		Enter Florida street	address	
	Orange Park		, Florida <u>32065</u>	
		City	Zin 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>	Address	Type of Action
Member	Twiggs, Stanley	3200 LENOX AVE	
		JACKSONVILLE, FL 32254	⊞ Remove
			□Change
 -			□Add
			□ Remove
			□Change
	·		□Add
			□ Remove
			□ Change
· · · · · · · · · · · · · · · · · · ·			□Add
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove

If amending any other informati	on, enter change(s) here: (Attach additional sheets, if	necessary.)
· · · · · · · · · · · · · · · · · · ·		
		·····
		
		
Effective date, if other than the d If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	e specific and cannot be prior to date of filing or more than 90 days k does not meet the applicable statutory filing requirements	optional) after filing.) Pursuant to 605.0207 is, this date will not be listed as t
c record specifies a delayed effective rd is filed.	late, but not an effective time, at 12:01 a.m. on the earlier o	of: (b) The 90th day after the
Dated September 17	2020	
	665 11 10 100	
	Manual 1/1/1001	
S	gnature of a member or authorized representative of a member	