

L17000169491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

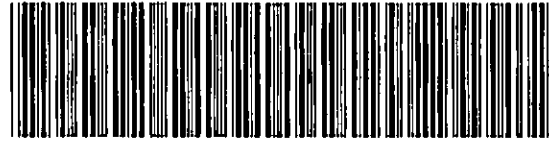
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FEB 05 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2017

TEQUILA BROOKS
2601 NW 23RD BLVD, APT 141
GAINESVILLE, FL 32605

SUBJECT: 5 STAR MEDICAL TRANSPORTATION, LLC
Ref. Number: L17000169491

We have received your document for 5 STAR MEDICAL TRANSPORTATION, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 117A00026065

RECEIVED

FEB 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5 Star Medical 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:

Lequicia G Brooks
Name of Person

5 Star Medical Transportation LLC
Firm/Company

2601 NW 23rd Blvd Apt 141
Address

Gainesville, FL 32605
City/State and Zip Code

5Starmedtrans88@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lequicia G Brooks at (352) 281-0626
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)

check received

☐ \$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

5 Star Medical 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 8/8/2017 and assigned Florida document number L17000169491.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

5 Star

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

5 Star

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5 Star

(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:

5 Star

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.

Regina D. Brooks
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>
COD	Vanessa N Gordon	5200 Bankside Way	<input type="checkbox"/> Add
		Shorcross Gt, 30092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

So whom it may concern,

The only changes being requested at this time is to remove Mrs. Vanessa J. Gordon of 5200 Bank Side Way Norcross GA 30092 as an authorized member. Shes not been an active member. Tequila Q. Brooks will remain the only active and authorized member until further changes are made.

Thank You

Tequila Q. Brooks

E. Effective date, if other than the date of filing: 8/30/2017 (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

January 24,

1/24/2018

2018

Tequila Q. Brooks

Signature of a member or authorized representative of a member

Tequila Q. Brooks

Typed or printed name of signee