

L17000177897

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(Address)

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SEP 19 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TA CARING TRANSPORT & TRANSLATION 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:

ANGELA M BASTIDAS

Name of Person

Firm/Company

7709 W HANNA AVE

Address

TAMPA, FL, 33615

City/State and Zip Code

angela-bastidasc@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA M BASTIDAS

Name of Person

813 400-6726

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)

☐ \$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**

TA CARING TRANSPORT & TRANSLATION 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 08-21-2017 and assigned
Florida document number L17000177897.

This amendment is submitted to amend the following:

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

TA CARING MULTISERVICES LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

7709 W HANNA AVE

TAMPA, FL, 33615

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7709 W HANNA AVE

TAMPA, FL, 33615

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

City, Florida

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 608, 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

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CORPORATE
STATE

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TOMAS G. RODRIGUEZ	5224 NET DR APT #209	<input type="checkbox"/> Add
		TAMPA, FL, 33634	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE NEW PURPOSE OF THE ORGANIZATION IS

"ANY AND ALL LAWFULL BUSINESS" INSTEAD OF:

PROVIDE SAFE, TIMELY NON-EMERGENCY MEDICAL TRANSPORTATION

SERVICES AND TRANSLATION OR INTERPRETER SERVICES ENGLISH-SPANISH FOR

PACIENTS WHO ARE NOT PROFICIENCY IN ENGLISH

Dated September 13rd

2017

Signature of a member or authorized representative of a member

ANGELA M. BASTIDAS

Typed or printed name of signee

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Filing Fee: \$25.00

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