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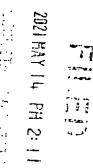
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COVER LETTER

Quick Bites	LLC		
	. 550		
	Name of Lin	nited Liability Company	
d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
n all correspo	ndence concerning this matter	to the following:	
	Sisse Sy Ferguson		
	-	Name of Person	
	Excel Financial and Tax S	ervices	2:
		Firm/Company	- 25 - 25
	601 N Ashley Dr. Suite 11	00	
		Address	
	Tampa, FL 33602		2021 MAY 14 PH 2: 1
	-	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
nformation co	oncerning this matter, please c	all:	
guson		813 3581749	
Name of	Person		e Telephone Number
a check for th	e following amount:		
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)
gistration S vision of Co D. Box 632	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations allahassee
	nformation conguson Name of a check for the Filing Fee gistration Sovision of Co. D. Box 632	Articles of Amendment and fee(s) are sub- n all correspondence concerning this matter Sisse Sy Ferguson Excel Financial and Tax S 601 N Ashley Dr. Suite 11 Tampa, FL 33602 sisse@financialandtax.com E-mail address: (Information concerning this matter, please concerning this matter, please concerning this matter.) Sisse Sy Ferguson Tampa, FL 33602 sisse@financialandtax.com E-mail address: (Information concerning this matter, please concerning this matter) Signature of Person Name of Person Sisse Sy Ferguson Excel Financial and Tax S 601 N Ashley Dr. Suite 11	Excel Financial and Tax Services Firm/Company 601 N Ashley Dr. Suite 1100 Address Tampa, FL 33602 City/State and Zip Code sisse@financialandtax.com E-mail address: (to be used for future annual report note information concerning this matter, please call: Tampa of Person Name of Person Name of Person Area Code Daytim Thing Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: gistration Section Vision of Corporations Division of Corporations Division of Corporations Division of Corporation The Centre of The Centr

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quick Bites, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on 04/30/2018	and assigned
Florida document number L18000107511		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Healthcare Transportation, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		207
(Principal office address MUST BE A STREET ADDRESS)	-	=======================================
Thirtiput office duaress MOST BEN STREET TO		
		# 47
Enter new mailing address, if applicable:		i ro
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	tinier r torida street addre	730
		lorida
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			2821 Add
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ctive date, if other than the da effective date is listed, the date must be	te of filing specific and	: cannot be pric	r to date of fil	ing or more th	(ian 90 days	optional) after filing.) Pursuar	nt to 605
If the date inserted in this block ment's effective date on the Depa	does not me	eet the appli	cable statuto	ry filing rec	uirements	s, this date	will not	be list
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ord specifies a delayed effective d filed.	ate, but not a	in effective	ime, at 12:0	l a.m. on th	e earlier (of: (b) Th	e 90th d	lay after
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Filing Fee: \$25.00