L18000115673

	(Requestor's Name)			
	(Address)			
	(Address)			
(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



000326857520

03/29/13--01019--012 **25.00



BRUCE APR 08 2019

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: PACHECO	, MEDICAL	TRANSPORT.	LLC		
3000000	Name of Limi	ited Liability Company			
The enclosed Articles of Amenda Please return all correspondence of					
,	ŭ	ū			
	XIOMARA	VA UECI CLOS Name of Person			
	MACHE 9	Firm/Company			
_1	907 Reef	Club DR 303	3		
	Kissinner,	City/State and Zip Code		2019 MAR 29 FH 1: 34 SECRETARY OF STATE TALLAHASSEC FLORIDA	
	Pachean E-mail address: (1	dco Qamal. to be used for futur Gannual report no	com.		1
For further information concerning		•		100 H	j.
NELSON PACHE Name of Person	<i>co</i>	at (305) 87 Area Code Dayti	9-6683, ime Telephone Number	<u>₩</u> m #	
Enclosed is a check for the follow					
\$25.00 Filing Fee	0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
MAILING AU Registration Se Division of Co P.O. Box 6327	ction rporations	STREET/COUI Registration Sec Division of Corp Clifton Building	orations		

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PACHECO MEDICAL TR	LANSPORT LCC
(Name of the Limited Liability Company (A Florida Limited Lic	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number $\underline{-1800015673}$.	were filed on $05/08/2018$, and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability PACHE & CO, LLC. The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1907 REEF CLUB DR, 303 KISSIMME, FL, 34741
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1907 REEF CWB DR, 303 KISSINNEF FL. 34741
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the no
Name of New Registered Agent: X10 HA	REF CLUB DE 3035 7 Finer Florida street address
New Registered Office Address: 1907 R	
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent and agree	to act in this capacity. I further agree to comply with th

If Changing Repistered Agent Signature of New Registered Agent

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
MGR	KIOMARA VALECIYOS	1901 REEF CLUB DR, 303	<u>B</u> Add
		KISSIMMEE FL. 34741	□ Remove
			Change
ANBR	MELSON PACHECO	1907 REEF CUIB DR, 303	S _□ Add
		WSSIMEE FL. 34741	Remove
			2 Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Change
	<u> </u>		Change Change Add Remove
			☐ Change
	<u> </u>		Add
			□ Remove
			Change
			□ Remove
			Change

		_
		_
_		
_		
_		
_		
_	<u> </u>	2019
_	<u> </u>	2
_	ມາ ກາ ເຄວາ	9 1
_	0	<u>:</u> 34
		-
Note:	ve date, if other than the date of filing:	605,0207 (3)(listed as the
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early of the record is filed.	arlier of:
Dated	03/25/2019 **Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member XIONIALS VALECICIOS Typed or printed name of signee	TEC O