

218000122071

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JUN 01 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARE MEDICAL TRANSPORT
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:

Keith HOWARD
Name of Person

CARE MEDICAL TRANSPORT
Firm/Company

1026 SW 7th AVE
Address

Delray Beach FLA 33444
City/State and Zip Code

CAREMEDICALTRANS@aigmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith HOWARD at (561) 325 - 0061
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Care Medical Transport, 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 May 15 2018 and assigned Florida document number L18000122071

This amendment is submitted to amend the following:

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

CARE MEDICAL TRANSPORT

The new name must be distinguishable and contain 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)

1026 SW 7th Ave

Delray Beach FL 33444

Enter new mailing address, if applicable:

(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:

Keith Howard

New Registered Office Address:

1026 SW 7th Ave

Enter Florida street address

Delray Beach
City

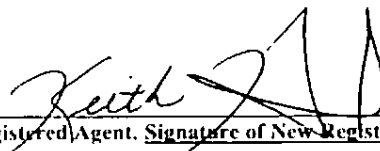
Florida

33444

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 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>
MGR	Ash Burn Morgan	1026 SW 7th Ave	<input type="checkbox"/> Add
		Delray Beach FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Shaleece R. Anderson	1026 SW 7th Ave	<input type="checkbox"/> Add
		Delray Beach FL	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FALLAH, S. C. / FALLAH, S. C.
FALLAH, S. C. / FALLAH, S. C.

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

No longer need to be on Article IV
Ashburn Morgan
1026 SW 7th Ave
Delray Beach FLA 33444
(Please Remove from Article IV)

No longer need to be on Article IV
Shaleece R. Anderson
1026 SW 7th Ave
Delray Beach FLA 33444
(Please Remove from Article IV)

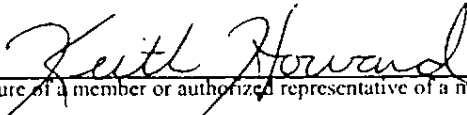
E. Effective date, if other than the date of filing: 5/25/18 (optional)

(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 5/25/18


Signature of a member or authorized representative of a member

Keith Howard
Typed or printed name of signee

FILED
2018 JUN -1 AM 6:12
CLERK OF DISTRICT COURT
FALL AN ASSOCIATION