

L18000125404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

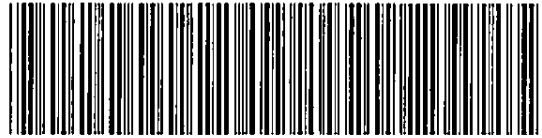
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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:

PIERRE BATRAVIL

Name of Person

MEDICAL TRANSPORTATION LLC

Firm/Company

6108 MIRAMAR PKWY

Address

City/State and Zip Code

MIRAMAR, FL 33023

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

For further information concerning this matter, please call:

PIERRE BATRAVIL

786

5872175

at ()

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) ☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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 05/18/2018 and assigned
Florida document number L18000125404.

This amendment is submitted to amend the following:

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

MEDICAL TRANSPORTATION, LLC

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:

2719 HOLLYWOOD BLVD

HOLLYWOOD, FL 33020

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2719 HOLLYWOOD BLVD

HOLLYWOOD, FL 33020

(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:

JEAN VALERY GUILLAUME Jr.

New Registered Office Address:

2719 HOLLYWOOD BLVD

Enter Florida street address

HOLLYWOOD

Florida 33020

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.

(Signature)
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

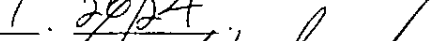
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEAN VALERY GUILLAUME Jr.	317 NW 42nd Ave	☒ Add
		PLANTATION, FL 33317	☐ Remove
			☐ Change
MGR	PIERRE E. BATRAVIL	6108 MIRAMAR PKWY	☐ Add
		MIRAMAR, FL 33023	☒ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

[illegible]

(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)

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 11 - 27 - 2024



Signature of a member or authorized representative of a member

Jean V. Guillemane

Typed or printed name of signee

Filing Fee: \$25.00