Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Fax Number

Phone : (323) 962-8600 : (323)962-3889

**Enter the email address for this business entity to be used for Eurure annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREENWEL NONEMERGENCY MEDICAL TRANSPORTATION SERVICE

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Certified Copy	1
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COVER LETTER

TO: Registration Se Division of Cor					
	EL NONEMERGENCY MEDI	CAL TRANSPORTATION SERVI	CES LLC		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retwn all correspo	ndence concerning this matter	to the following:			
	Chevenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.			.	
		Firm/Company		2016 2016	
	101 N. Brand Blvd., 11t	h Floor		2010 DEC	:
		Address		. इंट. : C . <u> </u>	Γ.
	Glendale, CA 91203			200	, T
		City/State and Zip Code		AM S	Ċ
	melidenaxwell3@gmail			9: (0R(•
		to be used for future annual report notific	cutica)	09 11E	
For further information c	oncerning this matter, please c				
Cheyenne Moseley		800 773-0888 ex			
Name o	t Person	Area Code Daytime	Telephone Number	•	
Enclosed is a check for th	ne following amount:				
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Registr Divisio	ING ADDRESS: mation Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	L		

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREENWEL NONEMERGENG (Name of the Limit	rd Liability Company as it now stops (A Florida Lumited Liability Company)			
The Articles of Organization for this Limited Li Florida document number L18000243715			and assi	igned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability company	here:		
Greensway Transportation Services LLC				.
The new name must be distinguishable and end with the	words "Limited Liability Company," t	the designation "LLC" or the	e abbieviation ¶	31C."
Enter new principal offices address, if applic	able:		>	2
(Principal office address MUST BE A STREE				·
Trincant whice address had to the rest to the	T TOP I STATE OF THE STATE OF T		05.EX	<u> </u>
			∵ ب	" C
Enter new mailing address, if applicable:			73.7	<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX1			5 -
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	for registered office address Mice address here: Richard Green	on our records, ente	r the name	or the ne
	258 Richmond Dr			
New Registered Office Address:	Ensor l	Floriaa street address		
	Davenport	Florida	33896	
	City	, 1 (0) (63)	33896 Zip Code	
New Registered Agent's Signature, if changing !	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaction the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete performance istered agent as provided for it registered office address, it he change.	of by duties, and Lan ghapter 605. F.S. O	n familiar wit r, if this docu limited liabili	h and iment is ity

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MELIDA MAXWELL	258 Richmond Dr.	
		Davenport, FL 33896	☑ Remove
MGR	Richard A Green	258 Richmond Dr.	⊠ Add
		Duvenport, FL 33896	□ Remove
			2010 DEC
			EC - MAY 9: 0 MAY SSEET STATE
			Affi
			Add
			☐ Remove

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	cannot be more than 90 days after

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