

L19000062075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

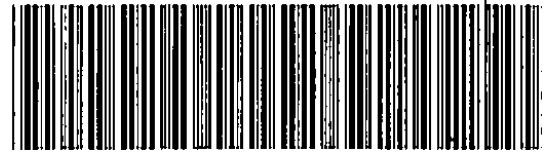
(Business Entity Name)

(Document Number)

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09/07/19--01007--035 **2

2019
10/12/19

Amend
Name

OCT 12 2019

1 ALBRITTON

TO: Registration Section
Division of Corporations

SUBJECT: RIDE CARE MEDICAL SOLUTIONS 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:

Jean C Somora Gova

Name of Person

Firm/Company

22215 Bella Lago Dr APT 2119

Address

Boca Raton FL 33433

City/State and Zip Code

info@ridecaremedicalsolution.com

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

For further information concerning this matter, please call:

Jean C Somora Gova

Name of Person

at (561)

Area Code

3065144

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION
OF**

Ride Care Medical Solution 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 03/04/15 and a
Florida document number L19000662075

This amendment is submitted to amend the following:

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

Ride CARE Medical Solutions LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

822 SE 9th Street Suite
Deerfield Beach FL 3347

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

822 SE 9th Street Suite
Deerfield Beach FL 334

**B. If amending the registered agent and/or registered office address on our records, enter the name
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

822 SE 9th Street Suite B

Enter Florida street address

Deerfield Beach Florida 334

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 Changing Registered Agent, Signature of New Registered Agent:

AMBR = Authorized Member

Title	Name	Address	Type
MGR	RICHARD WALKER JR BOWMAN	866 KIPLING DR YORKTOWN HEIGHT. NY. 10598.	<input checked="" type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> CI
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Char

TO ADD NEW OWNERS NAMES, ~~ADD~~ CORREC
the Company Name And ADD New ADDRESS

E. Effective date, if other than the date of filing: 09/23/19 (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 60

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li:
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 earl
(b) The 90th day after the record is filed.

Dated 09/23 2019

Jean C Somora

Signature of a member or authorized representative of a member

Jean C Somora Coua

Typed or printed name of signee