

L19 000062075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

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:

Richard W. Bowman Jr.

Name of Person

Ride Care Medical Solutions LLC

Firm/Company

875 NE 48th St LOT 50

Address

Deerfield Beach Florida 33064

City/State and Zip Code

contact@rcmsnemt.com

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

For further information concerning this matter, please call:

Richard W Bowman Jr

Name of Person

(914) 523-0891

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**

Ride Care Medical Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 03/04/2019 and assigned
Florida document number L-19000062075

This amendment is submitted to amend the following:

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

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)

Ride Care Medical Solutions

875 Ne 48th St LOT 50

Deerfield Beach FLorida 33064

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

PO Box 1028

212 E Hillsboro Blvd

Deerfield Beach Florida 33443

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 Carlos Somoza Cova

New Registered Office Address:

20985 Saint Andrews Blvd Apt 34

Enter Florida street address

Boca Raton


, Florida 33433

City

Zip Code

By 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

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Richard W Bowman Jr	866 Kipling Dr.	<input type="checkbox"/> Add
		Yorktown ,NY 10598	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Jean Carlos Somoza Cova	20985 Saint Andrews Blvd	<input type="checkbox"/> Add
		Apt. 34	<input type="checkbox"/> Remove
		Boca Raton FL 33433	<input checked="" type="checkbox"/> Change
IGR	Carlos Ernesto Villarroel Adrian	6010 Reese Rd.	<input type="checkbox"/> Add
		Apt. 319	<input checked="" type="checkbox"/> Remove
		Davie, FL 33314	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

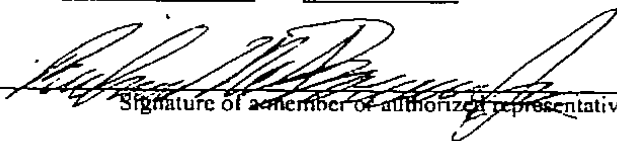
Effective date, if other than the date of filing: _____ (optional)

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)(h)

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.

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 document is filed.

dated September 8 2022



Signature of a member or authorized representative of a member

Richard W. Bowman Jr.

Typed or printed name of signee

Filing Fee: \$25.00

FINANCE
A DIVISION OF AMERICA BANK
Technology Parkway, Suite 200
Boca Raton, FL 33409
Tel: 561-246-9691

TURN SERVICE REQUESTED

310
HE CARE MEDICAL SOLUTIONS LLC
SE 9TH ST, STE B
VERFIELD BEACH FL 33441-5646

11/17/2022

RE: Automatic Credit Card Payment

Account Number: 205-221117-454336
Policy Numbers: CPS7478491
Agent Name: Research Underwriters, LLC FL

Thank you for your contract financing the premium on the above policy(s).

Annual Percentage Rate: 16.30
Premium: \$3,601.50
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Down Payment: \$752.73
Amount Financed: \$2,858.92
Finance Charge: \$197.88
Total of Payments: \$3,076.80
Number of Payments: 10
Monthly Payment: \$307.68
First Payment Due: 12/19/2022

We will be billing your credit card (last 4 digits: 6913) each month for \$307.68 plus fees charged by the credit card processor starting on 12/19/2022 and continuing for 10 months. Please call us at the number above if you would like to change the credit card used for monthly billing.

Sincerely,

US Premium Finance

CC: Research Underwriters, LLC FL
6111 BROKEN SOUND PKWY NW STE 130
Boca Raton FL 33487