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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations .				
SUBJECT: A+ Medi	Name of Limited Liability Company			
	nent and fee(s) are submitted for filing. concerning this matter to the following:			
W	Mig M Perry, CPA Name of Person			
W	1. D. Bass + Company Firm/Company			
4	55 Harrison Avenue, 5Te. C.			
<u> Pa</u>	City/State and Zip Code What Com E-mail address: (To be used for future annual report notification)			
	E-mail address: (to be used for future annual report notification)			
For further information concerning	ng this matter, please call:			
William Perry Name of Person	CPA at (850) 9/4-2277 Area Code Daytime Telephone Number			
Enclosed is a check for the follow				
	30.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section				
Division of Corpora P.O. Box 6327	tions Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A+ Medi	cal Transportation LLC
(Name of the Limited (A	(<u>Liability Company as it now appears on our records.</u>) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on March 16, 2019 and assigned
Florida document number <u>L 1900007898</u>	Q .
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
Panhandle Concrete	Pumping, LLC ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation (LLC) or the appreviation (LLC)
Enter new principal offices address, if applical	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	9.
(Mailing address MAY BE A POST OFFICE B)	OX)
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:

Tien register regist of biginary equiversity the state of the state of

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>	Name		Address	Type of Action	
				□Add	
				□Remove	
				□AdJ	
				□Remove	
				□(Thange	
				DAdd	
				Remove	
				☐ Change	
				DAdd	
				□Remove	
				DAdd	
				□Remove	
				☐ C'hange	
				□Add	
				□Remove	

____ □Change

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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: November 22, 2019 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as elect's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	November 22 2019 Waste
	Signature of a member or authorized representative of a member
	Mark Moseleu Typed or printed name of signee

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Filing Fee: \$25.00