

L19000103617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

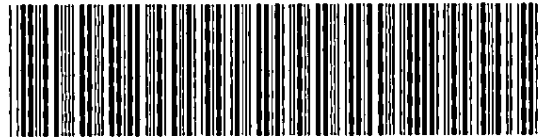
(Business Entity Name)

(Document Number)

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FILED

2021 FEB -2 P 3:14

LLC  
Attended

2021 FEB -2 PM 2:08

FEB 03 2021

D CONNELL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 644172 8332439

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : February 2, 2021

ORDER TIME : 10:40 AM

ORDER NO. : 644172-005

CUSTOMER NO: 8332439

DOMESTIC AMENDMENT FILING

NAME: HOME TEAM NON-EMERGENCY  
TRANSPORT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Home Team Non-Emergency Transport 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:

Nouvelle L. Gonzalo (Attorney of Record)

\_\_\_\_\_  
Name of Person

Gonzalo Law LLC

\_\_\_\_\_  
Firm/Company

4111 NW 16th Blvd. #357834

\_\_\_\_\_  
Address

Gainesville, FL 32635

\_\_\_\_\_  
City/State and Zip Code

alexwilcox@yahoo.com

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

For further information concerning this matter, please call:

Nouvelle L. Gonzalo, Esq.

216 527-7777  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[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 January 29, 2021

Nouvelle L Gonzalo, Esq.

Signature of a member or authorized representative of a member

Nouvelle L. Gonzalo, Esq.

Typed or printed name of signee

**Filing Fee: \$25.00**