

L19000122249

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 : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

2nd Request

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

Email Address: _____

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19 JUL 25 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AUTOMED TRANSPORT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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19 JUL 25 PM 2:31
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JUL 26 2019

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AUTOMED TRANSPORT, 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 05/06/2019 and signed
Florida document number LI9000122349.

This amendment is submitted to amend the following:

A. 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 "LLC."

Enter new principal offices address, if applicable:

ANABELLA MARTINEZ

(Principal office address MUST BE A STREET ADDRESS)

8503 SAINT MARINO BLVD

ORLANDO FLORIDA 32836

Enter new mailing address, if applicable:

8503 SAINT MARINO BLVD

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FLORIDA 32836

B. 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:

ANABELLA MARTINEZ

New Registered Office Address:

8503 SAINT MARINO BLVD

Enter Florida street address

ORLANDO

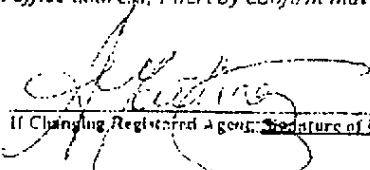
City

Florida 32836

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDREW R. GARCIA	12420 NATURE EAST DR #202 ORLANDO FLORIDA 32828	☐ Add
			☒ Remove
			☐ Change
MGR	ANABELLA MARTINEZ	8503 SAINT MARINO BLVD ORLANDO FLORIDA 32836	☒ Add
			☐ Remove
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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 JULY 22 2019

Signature of a member or authorized representative of a member

ANABELLA MARTINEZ