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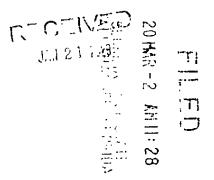
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Care Transportation 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:
Marcia Vargas Name of Person
Florida Care Transportation LLC
785 Oakleaf Plantation PKwy unit 1822
Orange Park, Florida 32065 City/State and Zip Code Florida care transportation Gamail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcia Vargos at (215) 869-0027 Name of Person Same Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{c} \$25.00 \text{ Filing Fee} & \Bigcirc \$30.00 \text{ Filing Fee} & \Bigcirc \$55.00 \text{ Filing Fee} & \Bigcirc \$60.00 Filing

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

Florida Care Transport	ny avit new appears on our records)
(A Florida Limited L	lability Company)
The Articles of Organization for this Limited Liability Company	were filed on May 6th 2019 and assigned
Florida document number 19000122252.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	785 Oakleaf Plantation Pkwy
(Principal office address MUST BE A STREET ADDRESS)	32065. Orange Bark ; Florida
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	785 Oakleaf Plantation PKwy unit 1822, Orange Park, Florida 32065
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Marcia	Vargas
New Registered Office Address: 785 Qa	(leaf Plantation PKwy unit 1822) Emer Florida street address
O -	D X 30085

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 **Type of Action** Address Name <u>Title</u> MOR Ivonne A. Barrera 3817 Westridge Dr., Orange Dr.

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Filing Fee: \$25.00