

L19000122252

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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20 MAR -2 AM 11:28

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MAR 03 2000

## 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  
Firm/Company

785 Oakleaf Plantation Pkwy unit 1822  
Address

Orange Park, Florida 32065  
City/State and Zip Code

floridacaretransportation@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia Vargas at ( 215 ) 869-0027  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input 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 checked="" 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

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

Florida Care Transportation 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 May 6<sup>th</sup>, 2019 and assigned Florida document number 219000122252.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

785 Oakleaf Plantation Pkwy  
unit 1822, Orange Park, Florida  
32065

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 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:

Marcia Vargas

New Registered Office Address:

785 Oakleaf Plantation Pkwy unit 1822  
Enter Florida street address  
Orange Park, Florida 32065  
City 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.*

Marcia Vargas  
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	Ivonne A. Barrera	3817 Westridge Dr, Orange	<input type="checkbox"/> Add
		Park, Florida 32065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2014 MAR 28  
AM 11:28  
ORANGE COUNTY, FLORIDA  
CLERK OF COURT

20MAR-2 AM 11:28  
STATIONARY - FALL  
CALL NUMBER 10960A

FILED  
20 MAR -2 APR 11:28  
FBI - MEMPHIS

(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.

Signature of a member or authorized representative of a member

Marcia Vargas  
Typed or printed name of signee

**Filing Fee: \$25.00**