

L19000168852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

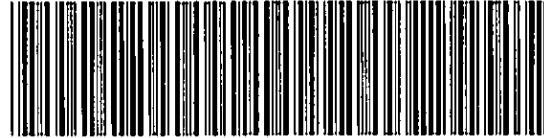
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900352469839

RECEIVED

SEP 28 2020

09/29/20--01016--025 **25.00

FILED

2020 SEP 28 PM 6:50

NOV 04 2020

S. YOUNG



Luis E. Diaz & Associates, P.A.
Attorney and Counselors at Law

1529 S.W. 1st Street
Miami, Florida 33135

Telephone: (305) 642-0078
Facsimile: (305) 646-2452

September 21, 2020

Attn: Corporate Records
Attn: Amendment Department
Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Articles of Amendment to Articles of Organization
of Priority Medical Transport LLC**

Dear Sir or Madam:

Enclosed please find an original and 1 copy of the Articles of Amendment to the Articles of Organization of Priority Medical Transport LLC along with a check totaling \$25.00 payable to the Secretary of State. Please file same and submit to us a stamped copy in the attached pre-stamped, self-addressed envelope.

If you have any questions, please do not hesitate to call me at (305) 642-0078.

Sincerely,

Luis E. Diaz
Luis E. Diaz, Esq.

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIORITY MEDICAL 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:

Luis E. Diaz, Esq.

Name of Person

Luis E. Diaz & Associates, P.A.

Firm/Company

1529 S.W. 1st Street

Address

Miami, Florida 33135

City/State and Zip Code

JOANGREEN4129@YAHOO.COM

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

For further information concerning this matter, please call:

Luis E. Diaz, Esq.

305

642-0078

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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**

PRIORITY MEDICAL TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 SEP 28 PM 6:50
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/27/2019 and assigned Florida document number L19000168852.

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)

1609 South State Road 7

North Lauderdale, Florida 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1609 South State Road 7

North Lauderdale, Florida 33068

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:

Joan Green

New Registered Office Address:

1609 South State Road 7

Enter Florida street address

North Lauderdale

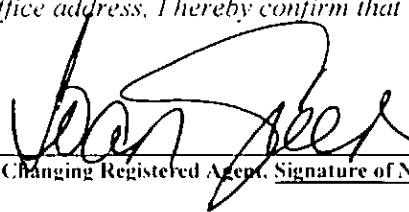
City

, Florida 33068

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>
AMBR	Luis E. Ferreira	2355 Salzedo Street	<input type="checkbox"/> Add
		Suite # 306	<input checked="" type="checkbox"/> Remove
		Coral Gables, Florida 33134	<input type="checkbox"/> Change
AMBR	Joan Green	1609 South State Road 7	<input checked="" type="checkbox"/> Add
		North Lauderdale, Florida 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Breiana Alves	1609 South State Road 7	<input checked="" type="checkbox"/> Add
		North Lauderdale, Florida 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juanne Alves	1609 South State Road 7	<input checked="" type="checkbox"/> Add
		North Lauderdale, Florida 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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

Luis E. Ferreira

Filing Fee: \$25.00