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Amend Mame

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I ALBRITTON

COVER LETTER

	gistration Sec vision of Corp			
CHD IPCT.		fe Transportation NEMT LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	nall correspor	ndence concerning this matter	to the following:	
		Regina Martin-Lynch		
			Name of Person	
		Christian Life Transport N	EMT LLC	
		,	Firm/Company	
		Jonesville Business Cente	r -414 SW 140 Теттасе,	
			Address	
		Newberry, Fl 32669		
		·	City/State and Zip Code	
		ChristinalifeNEMT@gmail		
		E-mail address: (to be used for future annual report r	notification)
For further i	nformation co	oncerning this matter, please ca	all:	
Regina Mar	tin-Lynch		954 857-1946 at ()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	iling 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



October 26, 2019

REGINA MARTIN-LYNCH JONESVILLE BUSINESS CENTER 414 SW 140 TERRACE NEWBERRY, FL 32669

SUBJECT: CHRISTIAN LIFE TRANSPORTATION NEMT, LLC

Ref. Number: L19000180890

We have received your document for CHRISTIAN LIFE TRANSPORTATION NEMT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to indicate which action to take with the manager/member listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 519A00022123

Irene Albritton Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Christian Life Transportation NEMT 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 July 15, 20169 and assigned Florida document number 1.19000180890 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Christian Life Transport NEMT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 414 SW 140 Terrace Newberry, FL, 32669 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 11501 Paceys Pond Cir Jacksonville FL. 32222 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

___, Florida __

' 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>	Address	Type of Action
MGR	Phillip Daniels		
		3931 SW 17th Lane Apt A Gainesville Fl, 32607	Remove
			Change
			Add
			Remove
			Change
			Add
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f an effective Note: If the	ate, if other than date is listed, the date date inserted in thi effective date on th	must be specific is block does no	and cannot be pri of meet the appl	or to date of filin	ig or more than ⁽	(optional) 00 days after filing ements, this date	g.) Pursuant to 605.02
rocuijent 3		yed effective		not an effect	tive time, a	t 12:01 a.m.	on the earlier
e record	specifies a dela n day after the		.u.				
e record The 90th	n day after the	record is file	2010	_		nber	

Page 3 of 3

Filing Fee: \$25.00