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COVER LETTER

Registration Section

TO:

Division of Corp	porations		
SUBJECT:		Varyport LLC ited Liability Company	-
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	_
	Medblu	e Transport LLC Firm/Company	
	6813	Misky View Drive	
	Jacks	onville, FL 32210 City/State and Zip Code	د ت
	May Show E-mail address: (y 280 gmail. Com to be used for future annual report notification)	
For further information co	oncerning this matter, please ca	all:	7.0
Mav8hou	Person	at (904) 508-9716 Area Code Daytime Telephone Num	iber 1111
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
Mailing Address Registration S Division of Co	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 632 Tallahassee, F	7	The Centre of Tallahassee 2415 N. Monroe Street, Suite	o 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medblere Tra	anoport	LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 0700 2 7-0 3070</u> .	were filed on	29 2019 and assigned		
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 Liabil	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		1		
		2)		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		' '' ω		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida si	reet address		
		Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete				

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>	Address	Type of Action
MGR	Joseph Mc Grady	12900 Broxton Bay Driv Apt. 1415 Jacksonville, FL 32218	<u>e</u> □Add
		Apt. 1415	Remove
		Jacksonville, FL 32218	☐Change
			□Add
			□Remove
			□Change
			DAdd
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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		_ (optional)
Effective date, if other than the date of filing:	AL DE DOOF IN ASIE DE DIIDD AT MATE INSD. 907	days after filing.) Pursuant to 605.02
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