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(D-		
(Ke	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor					
		MED TRANSPORTATION L	LC			
SUBJE	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please r	eturn all correspo	ondence concerning this matter t	o the following:			
		LOVETTE DOBSON				
			Name of Person			
		INCFILE.COM LLC				
			Firm/Company			
		17350 STATE HWY 249 S	TE 220			
		-	Address			
		HOUSTON, TX 77064				
			City/State and Zip Code			
		EFILE1234@INCFILE.CO	M o be used for future annual report	natification)		
				notification		
For furt	her information (concerning this matter, please ca	III:			
LOVE	ITE DOBSON		855 829-909 at ()		<u> </u>	
	Name o	of Person	Area Code Da	ytime Telephone Number		3 . 1
Enclose	ed is a check for t	the following amount:			~~; ~~;	
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Copy (additional copy i	Status &? y	1 de 21 048

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLAN	NDO MED TRANSPORTATION LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 01/03/2020	and assigned
florida document number L20000010830		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	'ADDRESS)	
•		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
3. If amending the registered agent and/o	r registered office address on our records, enter	the name of the
egistered agent and/or the new registered offi	ce address here:	F3 : }
Name of New Registered Agent:		بر المراجع الان المراجع الان المراجع الان المراجع الان المراجع الان المراجع الان المراجع المراجع المراجع المرا
		က ကွန်င
New Registered Office Address:	Enter Florida street address	
	Liner i tortuu sireet daaress	
	, Florida	5 ==
	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.

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>	Type of Action
AMBR	MAYLEN PEREZ VELAZQUEZ	14992 FAVERSHAM CIRCLE	
		ORLANDO, FL 32826	☐ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change

		
	-	
Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior block does not meet the applic	to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (able statutory filing requirements, this date will not be listed as t
the record specifies a delay		t an effective time, at 12:01 a.m. on the earlier of:
Dated FEBRUARY 6	2020	
Federica	Mutines Signature of a member of author	orized representative of a member
FEDERICO MARTI	O	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00