L20000043639

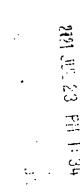
(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Decomposit Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raining Officer.





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COVER LETTER

TO:

TO: Registration S Division of Co		
ALEX ME	DICAL DELIVERY LLC	•
	Name of Lin	nited Liability Company
The enclosed Articles of	'Amendment and fee(s) are sul	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	ALEJANDRO ALVARA	DO
		Name of Person
		Firm/Company
	6320 FROST DR	
	TAMPA, FL, 33625	Address
	ALEALVARADO100@Y	City/State and Zip Code AHOO.COM
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notification)
ALEJANDRO ALVARADO Name of Person		813 270-1927 at ()
		Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	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

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	()
The Articles of Organization for this Limited Liability Cor Florida document number <u>L20000043639</u>	mpany were filed on FLORIDA	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ALEX SHUTTLE SERVICES LLC		
he new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>	
		7.05 .05
		/- ::
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-m
		(i)
B. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ALEX MEDICAL DELIVERY LLC

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.

is filed. JULY 21 sted			. ,		•
ecord specifies a delayed effec	tive date, but not an effect	tive time, at 12:01 a	.m. on the carlier of: (b)	The 90	th day after th
in effective date is listed, the date in this ocument's effective date on the	nust be specific and cannot be block does not meet the a	e prior to date of filing applicable statutory	or more than 90 days after	filing.) Pur	suant to 605.02 not be listed:
fective date, if other than t	he date of filing:		(optio	nal)	
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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
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
	 		□Add
			Change
			Control Add
			□Remove
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