LZ00001933Z9

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone #	<u>)</u>
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)
(Doc	ument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to F	iting Officer:	





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COVER LETTER

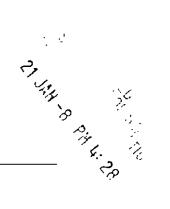
	egistration Se ivision of Cor			
eun ir <i>c</i> a		MEDICAL TRANSPORT, LI	LC	
SUBJEC1	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	_	
		MARY MELISSA HOGA	N	
			Name of Person	
		ALLCARE MEDICAL TR	RANSPORT, LLC	
			Firm/Company	
		279 E MOODY BLVD., S	UITE 105	2 10
			Address	21 JAN
		BUNNELL, FL 32110		်
			City/State and Zip Code	
		lisa@allcaremedicaltranspo		₹ %
		E-mail address: (to be used for future annual report notification	28 116
For further	r information c	oncerning this matter, please c	all:	
MARY M	ELISSA HOG	AN	352 575-8309	
	Name o	f Person	Area Code Daytime Telep	hone Number
Enclosed i	s a check for th	ne following amount:		
) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & [Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D	failing Addres Registration S Division of C 2.O. Box 632	Section orporations	Street Address: Registration Section Division of Corporat The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALLCARE MEDICAL TRANSPORT, LLC

company has been notified in writing of this change.

(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 <u>07/07/2020</u>	and assigned
Florida document number L20000193329		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter non mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· -	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the nam	e 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	
	. Florida	
	, Florida	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 p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am f rovided for in Chapter 605, F.S. Or,	amiliar with and if this document is

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/M GR M	MARY MELISSA HOGAN	2729 E MOODY BLVD., SUITE 105	= Add
		BUNNELL, FL 32110	□Remove
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			
			□ Add
		□Remove	
			□Change
		□Add	
	 	□Remove	
			□ Change
			🗆 Add
			Remove
			Change

		
		
		
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Dee at a dia te a	along along along of CP-ne	
If an effective date is list <u>Note:</u> If the date inse	ther than the date of filing:	
e record specifies a dord is filed.	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
JANUARY 8.	. 2021	
<u></u>	Signature of a member of artificer ed representative of a member	
	Signature of a member of assince and representative of a member	

Typed or printed name of signee