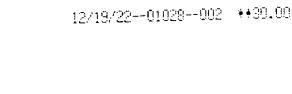
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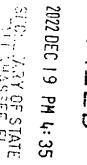
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co				
	ALL MEDICAL TRANSPORT	, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
		JESSIE PERLADO		
		Name of Person		
	PR	O2CALL MEDICAL TRANSPOR	Т	
		Firm/Company	<del> </del>	
		454 LAKE HARRIS DRIVE		
		Address	<del></del>	
		LAKELAND, FL. 33813		
		City/State and Zip Code		
		.ADO@PRIMETIMEMEDICAL.N		
	E-mail address: (	to be used for future annual report noti	ification)	
For further information of	concerning this matter, please c	all:		
JESSIE PER	LADO	863 393-7	7222	
Name o	of Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing 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 Addres		Street Address:	ation	
Registration Section Division of Corporations		Registration Se Division of Cor		
P.O. Box 632	•	The Centre of T		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRODGELLE AUTOLOGE TO ANGROUNT LEO

PROZCALL MEDICAL	· ·		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appe ed Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Comparison document number <u>L20000315221</u> .	my were filed on _	OCTOBER 20, 2020	_ and assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited li	iability company	nere:	
PRO2CALL LOGISTICS, LLC			
he new name must be distinguishable and contain the words "Limited Li	ability Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	2020
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	7072 DEC
	-		<u> </u>
		ASSI	R M
Inter new mailing address, if applicable:		्राची स्थापन	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			<u>ω</u>
s. If amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Registered Agent:	ce address on our	records, enter the name o	of the new regis
New Registered Office Address:			
New Registered Office Address.	Enter Fl	orida street address	
		Florida	
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A		□ Add
			Remove
			□ Change
			□ Add
			□Remove
			□Change
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		W/.	m-		