

L21000018700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEY MEDICAL TRANSPORT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARISA POPOVA

Name of Person

P&L CONSULTING SERVICES CORP

Firm/Company

2625 EAST 14TH ST STE 205

Address

BROOKLYN, NY 11235

City/State and Zip Code

LARA.POPOVA@PLFINANCE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARISA POPOVA

718

648-9821

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KEY MEDICAL TRANSPORT, L.L.C.

(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 JANUARY 06, 2021 and assigned
Florida document number L21000018700.

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 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 ADDRESS)

793 BLANDING BLVD. STE D

ORANGE PARK, FL 32065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2625 EAST 14TH ST STE 205

BROOKLYN, NY 11235

B. If amending the registered agent and/or registered office address on our records, enter the name 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

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>	<u>Type of Action</u>
MGR	DAVID L HILL	7 BICKSHIRE LN	<input type="checkbox"/> Add
		PALM COAST, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEX MIKITYANSKIY	620 CATHERINE FOSTER LANE	<input type="checkbox"/> Add
		ST. JOHNS, FL 32259	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	IRINA MIKITYANSKIY	620 CATHERINE FOSTER LANE	<input checked="" type="checkbox"/> Add
		ST. JOHNS, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Remove
Change
Add
Remove

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The 90th

MARCH 16TH 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00