

L21000364192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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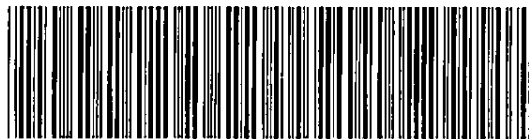
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Valor Medical Transport  
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:

Janice Earl  
Name of Person

Valor Medical Transport  
Firm/Company

303 Tilden St NW  
Address

Fort Walton Beach, FL 32548  
City/State and Zip Code

janearl18@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Janice Earl at (850) 855 0916  
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

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

Valor Medical Transport

(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 Aug 13, 2021 and assigned Florida document number L210000364192

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KDG / Valor Senior Care LLC.

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)

26 David St

Fort Walton Beach, FL 32547

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Janice Earl

303 Tilden St NW

Fort Walton Beach, FL 32548

**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**

9/20/10 PM 3:48  
HALL OF STATE  
ANNISTEE, FL

PM 3:48  
STATE  
FL

July 8, 2024

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7-8-2024.

*Janice Paul*  
Signature of a member

Signature of a member or authorized representative of a member

Janice Earl

Typed or printed name of signee