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COVER LETTER

Division of Corpor	rations		
SUBJECT: White S	oands Non Ene Name of Limi	caent Medical Trans ted Liability Company	Port, LLC
The enclosed Articles of Am	endment and fee(s) are subi	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
•	Stefan Richa	Name of Person	.
\	White Sands No	m Emergent Medical Tran	sport, LLC
	13800 Penama City	Beach Phys Suite 7	<u>ل</u>
•	Panama City Beach	Florida 32407 City/State and Zip Code	<u> </u>
7	white sands nemt @ E-mail address: 16	Spe used for future annual report notifie	ation)
For further information conc	erning this matter, please ca	Π:	
Stelan Richard Name of Pe	rson		Selephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 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)
<u>Mailing Address:</u> Registration Sec	tion	Street Address: Registration Secti	ion

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

TO:

Registration Section

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

FILED

White Sands Non Emergent Me	edical Transporti	on, LL C 2022 DEC 15 PM 1:1;
(Name of the Limited Liability Compa (A Florida Limited I	NY AS IT NOW ADDEARS ON OUF 7.	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on 08 20	21 ALLAHASSEE, FL and assigned
Florida document number _\21000382185	/ /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
No. 1 White Sunds Transport, LLC	; 	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company, the acceptation?	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5023 Magaji Bangma Cily, F	e Lane 1 32404
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	City	, Florida
New Desictored Agent's Signature if shanging Degictored Agents		•

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 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>	Name	Address	Type of Action
			□Add
			□Remove
		_ □Change	
			Add
		Remove	
		. ,	□Change
			□Add
			□Change
			□Add
		□Remove	
		□Change	
		□Add	
		□Remove	
		☐Change	
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>Note:</u>	ve date, if other than the date of filing:
f the recor record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	12/15/22
	Signature of a member or authorized representative of a member
	Stoken Richardson Typed or printed name of signee