L220000 82975

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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Cipher	Medical Manager	ment LLC	
SUBJECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAY A. RODR	IGUEZ SANDOVAL	
		Name of Person	
	CIPHER MED	ICAL MANAGEME	ENT LLC
		Firm/Company	
	11205 PADDO	CK MANOR AVE	
		Address	
	RIVERVIEW,	FL 33569	
		City/State and Zip Code	
	ray_sandoval83		
For further information of	oncerning this matter, please c	to be used for future annual report not all:	incation)
RAY SANDO	/AL f Person	at (210) 974927	1 ne Telephone Number
Name	i i erson	Area Code Dayan	te reseptione Nutrioer
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	▼ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	
Tallahassee.		2415 N. Monroe Street, Suite 810	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cipher Medical Management LLC (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 02/21/22 and assigned Florida document number L22000082975 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1ST GEAR TRANSPORT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. 11205 PADDOCK MANOR AVE Enter new principal offices address, if applicable: RIVERVIEW, FL 33569 (Principal office address MUST BE A STREET ADDRESS) 7901 4th St N STE 300 Enter new mailing address, if applicable: St. Petersburg FL 33702 (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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	Ray Sandoval	11205 PADDOCK MANOR AV	/E □Add
		RIVERVIEW, FL 33569	□Remove
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n effec <u>ste:</u> - If	e date, if other than the date of filing: Arc 203 (optional) live date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
ecord is filed	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
ted A	PRIL 21 2023

Filing Fee: \$25.00

Typed or printed name of signee