

L2200 274725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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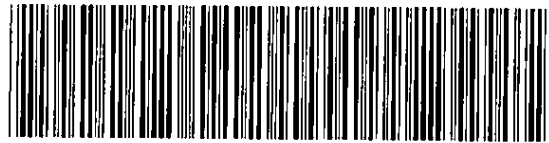
(Business Entity Name)

(Document Number)

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08/16/24--01017--018 **25.00

HUNT
28/16/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDICAL COURIER EXPRESS, 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:

SHANE NORTHROP, CPA

Name of Person

NORTHROP FINANCIAL GROUP, LLC

Firm/Company

13700 SIX MILE CYPRESS PKWY STE 2

Address

FORT MYERS, FL 33912

City/State and Zip Code

SHANE@NORTHROPFINANCIAL.COM

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

For further information concerning this matter, please call:

SHANE NORTHROP, CPA

239 271-2488
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MEDICAL COURIER EXPRESS, 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 06/16/2022 and assigned
Florida document number L22000274728.

This amendment is submitted to amend the following:

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

WAYNE SPECIALTY TRAVEL, 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:

200 TROPICANA PKWY W

(Principal office address MUST BE A STREET ADDRESS)

CAPE CORAL, FL 33993

Enter new mailing address, if applicable:

200 TROPICANA PKWY W

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL, FL 33993

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:

NORTHROP FINANCIAL GROUP, LLC

New Registered Office Address:

13700 SIX MILE CYPRESS PKWY STE 2

Enter Florida street address

FORT MYERS

Florida

33912

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>
P	CHELSE N BIALO	PO BOX 61501	<input type="checkbox"/> Add
		FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	MARIA FELIX	200 TROPICANA PKWY W	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33993	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. The first part of the document is a header section containing the title "THE HISTORY OF THE UNITED STATES" and the author "BY J. W. FULTON".

2. The second part of the document is a table of contents listing the chapters and their corresponding page numbers.

3. The third part of the document is the main body of text, which is a detailed history of the United States.

4. The fourth part of the document is a list of references and sources used in the writing of the book.

5. The fifth part of the document is a list of names of people mentioned in the text.

6. The sixth part of the document is a list of dates and events mentioned in the text.

7. The seventh part of the document is a list of places mentioned in the text.

8. The eighth part of the document is a list of subjects and topics mentioned in the text.

9. The ninth part of the document is a list of names of people mentioned in the text.

10. The tenth part of the document is a list of dates and events mentioned in the text.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated AUGUST 8 2024

Signature of a member or authorized representative of a member

~~Signature of a member or authorized representative of a member~~

MARIA FELIX

Typed or printed name of signee

Filing Fee: \$25.00