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PICK-UP	WAIT MAIL
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COVER LETTER

Registration Section

TO:

Division of Cor	•			
SHRIFCT: MED	INA JARA T	RANSPORTATION L	ic _	
500mc 11 <u> 2</u>	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	NEWMAN	RAMIREZ		
		Name of Person		
				<u>~</u>
		Firm/Company	 	1915168 677 22 AUG 16
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For further information of	concerning this matter, please co		ŕ	
Newman	Camirez	at (<u>305</u>) <u>(607 -</u> Area Code Daytime	- 2710	-
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
\$\sqrt{2}\$\$ \$25.00 Filing Fee		☐ \$55 00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is c	atus &
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medical Temporal Temp	Medina Jara Tran	sportation	ul	<u>_</u>	
The Articles of Organization for this Limited Liability Company were filed on OR 12212022 and assigned Florida document number L22000325795. 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 "LLC". Enter new principal office 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) 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 Enter Florida street address Florida	(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appended Liability Company	ears on our records.)		
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	New Registered Office Address.	Enter 1	Florida street address		
			Clasida		
		City	, гюпиа	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 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>	Type of Action
MGR	Medino, Jairo	4421 SW 39th St	□Add
		West Park, FL 33023	∑ Remove
			□Change
NGR	Medina, Jairo	4421 SW 39th St	ÞAdd
		West Park, FL 33023	□Remove
			□Change
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			□ Reanove
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	cifies a delavec	d effective date,	but not an	effective tir	ne, at 12:0	1 a.m. on the	earlier of	(b) The	90th day a	fter the
is filed.		11-th		2027)					
is filed.		11-th	·	2027	<u>)</u> .					
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