## L23000125428

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Certified Copies	Certificates	s of Status
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Special Instructions to Fi	ling Officer:	

Office Use Only



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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Constance Care Medical Transport LLC	
( <u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.) Dany)
The Articles of Organization for this Limited Liability Company were filed or	on and assigned
lorida document number L23000125428	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
	~->,
he new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
• • •	(·)
Principal office address MUST BE A STREET ADDRESS)	- u
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	· ·
Inter new mailing address, if applicable:	. ರಾ
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on gent and/or the new registered office address here:	our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street address
	Florida
City	Florida 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.

City

If Changing Registered Agent, Signature of New Registered Agent

## COVER LETTER

	egistration Servision of Corp			
SUBJECT		Care Medical Transport LLC		
	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Cornelius Dagostino		
			Name of Person	
				2900.1
			Firm/Company	
		1205 Michelangelo Ln		Ö
			Address	* a
		Winter Haven FL 33884	33684	
			City/State and Zip Code	. o.
		constancecaremedtxp@gma E-mail address: (	to be used for future annual report notification)	
For further	information co	oncerning this matter, please ca	all:	
Cornelius I	Dagostino		863 732-1359	
	Name of	l Person	at ()	<del></del>
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
R D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

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
AMBR	Nilda Blanco	1205 Michelangelo Ln Winter Haven FL 33884	<b>=</b> Add
			Remove
			□Change
		<u> </u>	○ □Add
		· .	RRemove
			 P⊠Add
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fective date, if other than the date of filing:    (optional)   (optional)				
Fective date, if other than the date of filing:    6/16/2023				<del></del>
fective date, if other than the date of filing:    Gold				
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fective date, if other than the date of filing:  In 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 605.0 ate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed enument's effective date on the Department of State's records.  Second 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 filed.  June 16 2023				
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June 16  2023  Multi-Signature of a member or authorized representative of a member		tive date, but not an effective time, a	t 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Signature of a member or authorized representative of a member		2023		
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Filing Fee: \$25.00