## L23000125428

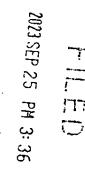
(	Requestor's Name)
(	Address)
	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



300416253413

03/25/23--01040--012 \*\*25.00





## **COVER LETTER**

TO: Registration Se Division of Cor			ī.
	Care Medical Transport	,	v
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cornelius Dagostino		
		Name of Person	
	3 77-314 <u>9-10-10-</u>	Firm/Company	
	1205 Michelangelo Ln		
		Address	·
	Winter Haven, FL 33884	0.0.10.12.0.1	
	constancecaremedtxp@gma	City/State and Zip Code till.com	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Cornelius Dagostino		863 732-1359 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
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 (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Acgistration 3	Section	Registration Se	CHOIL

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Constance Care Medical Transport				
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) led Liability Company)			
The Articles of Organization for this Limited Liability Compa	any were filed on 09-20-2023		_ and as	signed
lorida document number L23000125428				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited I	iability company here:			
he new name must be distinguishable and contain the words "Limited L.	iability Company," the designation "LLC" or t	ne abbrev	viation "L	L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS				
			·	
		i.	2023 SE	
nter new mailing address, if applicable:		<u> </u>	N. N.	רַיִּד
Aailing address MAY BE A POST OFFICE BOX)			כר	,
		- (ng - kg	25	:
		•	⊃ <u>r</u>	<del>- }                                   </del>
. If amending the registered agent and/or registered offi	ce address on our records, enter the	name o	ည f the ne	w registe
gent and/or the new registered office address here:			<u> </u>	
Name of New Registered Agent:				
New Registered Office Address:				
•	Enter Florida street address			
	, Florida			
	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 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	<u>Address</u>	Type of Action
AMBR	Nilda Blanco	1205 Michelangelo Ln Winter Haven, FL 33884	□Add
			Remove
			□Change
~			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			[]Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

<u></u>					
				•	
				<del></del>	<del> </del>
				<del></del>	
					·., ·
					<del></del>
			48****		
4					
					<u>.</u>
· · · · · · · · · · · · · · · · · · ·					
<del></del>					
<del></del>					
fective date, if other than tl	be date of filing:	0-2023		(optional)	
in effective date is listed, the date π ote: If the date inserted in this iscument's effective date on the	nust be specific and cannot block does not meet the	e applicable stati	filing or more than 9 story filing require	0 days after filing.)	Pursuant to 605.0207 vill not be listed as
record specifies a delayed effect is filed.	tive date, but not an effe	ective time, at 12	2:01 a.m. on the ea	rtier of: (b) The	90th day after the
September 20	2023	3			
. Jeptember 20					
September 20	Ma Blue	·			
	Uda Blave Signature of a member	or authorized rep	resentative of a mem	ber	

Filing Fee: \$25.00