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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Provision Non-Emergency Medical Transportation, 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:
DeShauna Elliott Name of Person
Provision Non-Emergency Medical Transportation
1998 Carter Landing Blrd.
Jacksonville, FL 32221  City/State and Zip Code
De Shauna 516@ gmail. (om E-mail address: (to be used for duture annual report notification)
For further information concerning this matter, please call:
DeShawna Elli ott at (610) 986-2447  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$certificate of Status & \$\Bigcup \\$certified Copy &
Mailing Address: Street Address:

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

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

3/10/
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As.

Provision Non-Emergency Medical Transportation, Little (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)
7/1/2022
The Articles of Organization for this Limited Liability Company were filed on 7/11/2023 and assigned
Florida document number <u>L 2300032754.8</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Provision Courier Services, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
The new name must be distinguishable and contain the words. Limited Liability Company, the designation. LLC. of the aboveviation. LLC.
Enter new principal offices 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:
Canality A3 1-16 to 1-16 Deliter 1 2 Delite
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 affice 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			\ \ \ \ \_Add
			□Remove
		····	□Change
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

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. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
_	- <u>-</u> -
_	
Note: If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	November 15, 2023.
	Signature of a member or authorized representative of a member
	De Shawna Elliott Typed or printed name of signee

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