



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGERS
 24 DEC 17 AM 11:46:55
 STATE OF RHODE ISLAND
 SECRETARY OF STATE
 ONLY

Articles of Amendment

DOMESTIC Limited Liability Company

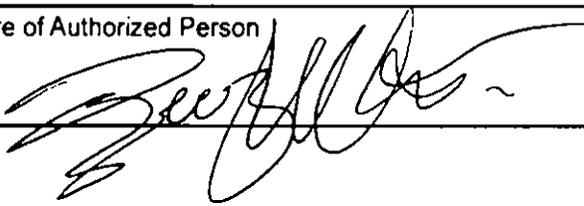
→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number: 000129891	2. The name of the limited liability company is: AZNET ASSOCIATE L.L.C.
3. If the entity's name is changing, state the new name: AZ MEDICAL TRANSPORT LLC <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
4. If the principal office address of the entity is changing, complete the following section: 12 CHURCH ST WEST WARWICK RI 02893 <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input type="checkbox"/> Disregarded as an entity separate from its member(s) <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.) <input checked="" type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)	

FILED
 DEC 17 2024
 BY FDX

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MANAGER	ADDRESS	
AZEEZ UTHMAN	12 CHURCH ST WEST WARWICK, RI 02893	
ELVIO UTHMAN	12 CHURCH ST WEST WARWICK, RI 02893	
Check the box to indicate no change <input type="checkbox"/>		
8. If adding or amending additional provisions, complete the following section:		
Check the box to indicate no change <input checked="" type="checkbox"/>		
9. As required by RIGL 7-16-67, the entity has paid all fees and taxes.		
10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Name of Authorized Person	Street Address	
AZEEZ UTHMAN	12 CHURCH ST	
City/Town	State	Zip Code
W. WARWICK	RI	02893
Signature of Authorized Person	Date	
	12/17/2024	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.