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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: BOST CARE TRAUSFORT INC. DOCUMENT NUMBER: P050000 458 41
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Chard Lee Colonel Name of Contact Person Best Care Transport / UC Firm/ Company 143 Merkose Landing Drive Address Address City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (352) 642-5085 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & ☐ \$643.75 Filing Fee & ☐ \$64
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company, "or "incorporated" or the abbreviation "Corp.." A professional corporation name must contain the word "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u> <u>1</u>	Mike Jones				
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	4	Add	<u>res</u> s	1.
1) Change	DIRECTO	e Riche	ARD ALEXAUDA	e Cowner	143	Mecrose
Add				LAUDING	DRIVE	3264
X Remove				HAWTHE	RNY, FL	<u> 3</u> 264
2) Change						
Add						
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4) Change					 	
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б) Change						
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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ADDINGE :
FROM NOW- EMERGENCY MEDICAL TRANSPORT
FROM NOW- EMERGENCY MEDICAL TRANSPORT
TO RESTAURANT OPERATION AND
MANAGE MENT.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(1) not applicable, marcule (VA)

The date of each amendment(s) ado	ption: U/A	•	if other than the
date this document was signed. Effective date if applicable:	NA		
	(no more than 90 de	ays after amendment fil	e date)
Note: If the date inserted in this bloc document's effective date on the Depa		e statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or boar	rd of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffi		imber of votes cast for	the amendment(s)
☐ The amendment(s) was/were appromust he separately provided for ea			
"The number of votes east for	the amendment(s) was/were s	ufficient for approval	
by Au Sh	ARE HOLDERS		
Dated	2-2025		
Signature	Thank Lee_	Colored	
	ctor, president or other officer -		
	oy an incorporator – if in the ha fiduciary by that fiduciary)	inds of a receiver, trust	ee, or other coun
R	CLORO LEE	Coloalel	
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