# D1800000011

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### COVER LETTER

TO: Amendment Section Division of Corporations

### Filing cancelled due to returned check

NAME OF CORPO	RATION: ANTO TRANSPO	ORTATION INC		
DOCUMENT NUM	P18000004171			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MARIO FORTE			
		Name of Contact Perso	11	
	ANTO TRANSPORTATIO	N INC		
		Firm/ Company		
	8000 W DRIVE #407			
	+	Address		
	N BAY VILLAGE, FL 3314	1		·
		City/ State and Zip Cod	e	<b>33</b>
MCN	MEDICALTRANS1588@GM	IAIL.COM		18 SEP -5
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call:		PH 2: 0!
MARIO FORTE		786	865-5245	— j
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check to	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address Intent Section on of Corporations a Building executive Center Circle	

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## Filing cancelled due to returned check

ANTO TRANSPORTATION INC

(Name )	of Corporation as curren	tly filed with the Florida Dept. of State)		
P18000004171				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	,1006, Florida Statutes, this	s Florida Profit Corporation adopts the follow	ving amen	dment(s) to
A. If amending name, enter the new na	ame of the corporation:			
CAMILA CARE TRANSPORTATION	INC		The	new'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp." "Inc." or	on," "company," or "incorporated" or the "Co". A professional corporation name mu "PA"	abbrevia st contain	ition the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		8000 W DRIVE # 407		
		N BAY VILLAGE, FL 33141		<del>_</del>
			:.A (3	
			R	<del></del> ; α. 
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			ים ו_	
(5144111) 441 05 <u>1</u> 1	OTTICE BOX		<del></del>	
			<u>=</u> š	
			——;;; ——;;;	
D. If amending the registered agent at new registered agent and/or the ne		dress in Florida, enter the name of the	-	G.
Name of New Registered Agent	MARIO FORTE			
Name in the magnetic regent	800 W DRIVE #407			
	(Florida :	street address)	_	
New Registered Office Address:	N BAY VILLAGE,	3314 . Florida	1	
New Acquirea Office Planess.			Zıp Code)	<del></del>
New Registered Agent's Signature, if a I hereby accept the appointment as regis	changing Registered Ages stered agent. I am familia	nt: r with and accept the obligations of the positio	on.	
	Signature of New	Registered Agent, if changing		

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 PTJohn Doe Filing cancelled X Remove $\underline{V}$ Mike Jones due to returned check $\underline{X}$ Add $\underline{SV}$ Sally Smith Address Type of Action Title Name: (Check One) **EVANGELINA A SCHIAVONE** 1625 79 ST SUITE 702 1) \_\_\_\_ Change N BAY VILLAGE, FL 33141 \_\_\_\_ Add \_\_\_ Remove 8000 W DRIVE #407 2) \_\_\_\_ Change ADD Add N BAY VILLAGE, FL 33141 \_\_\_\_ Remove 3.) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_ Add Remove

		Filing cancelled	
If amending or adding additional Artic Attach <i>additional sheets, if necessary).</i>	cies, enter change(s) here: (Be specific)	due to returned check	
•			
- 7 4 , 10 7 11 ,			
If an amendment provides for an exch	nange, reclassificatio <u>n,</u> o <u>r c</u> anc	ellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the	amendment itself:	
ty nor approximat, material (mar)			
- <u>-</u>			

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable: 0801160	
tho more than 90 days to	ufier amendment file date)
Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote separately.	ting groups. The following statement parately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffic	tient for approval
by(voting group)	···
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	t shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators without sha	reholder action and shareholder
nction was not required.  Dated 08/99/18	Filing cancelled
97 81	due to returned check
Signature  (By a director, president or other officer – if selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
MARIO FOR (Typed or printed name o	Te f person signing)
PReside (Title of person	on signing)