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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FLORIDA KEYS	TAXI DISPATCH 2000, I	NC.		
DOCUMENT NUMI					r
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	SUSAN M. CARDENAS, ES	SQ.			
		Name of Contact Perso	n		
	OROPEZA, STONES & CARDENAS, PLLC				
		Firm/ Company			
	221 SIMONTON STREET	1 -		- 3	
		Address			,
	KEY WEST, FL 33040			五次 安	10 % V 81
		City/ State and Zip Cod	le	- 7	- -
hkoel	(@kcywesttaxi.com				,,, ~_
		ed for future annual report	notification)		
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For further information	1 concerning this matter, pleas	e call:		€ 3° ~	=
SUSAN M. CARDEN	NAS, ESQ.	305	294-0252		
Name o	of Contact Person	Area Co) 294-0252 ode & Daytime Telephone ?	Number	
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:		
☐ \$35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations of Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA KEYS TAXI DISPATCH 2000, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P00000096740

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

	The ner
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the abbreviatio orp," "Inc," or "Co". A professional corporation name must contain th the abbreviation "P.A."
B. Enter new principal office address, if applica Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)
). If amending the registered agent and/or reginew registered agent and/or the new register	istered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida Zip Code)

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

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	<u> Doe</u>	
\underline{X} Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P/T/D	JAN DOELMAN	615 AMELIA STREET
Add			KEY WEST, FL 33040
Remove			
2) Change	VP/D	HENRI KOSK	6631 MALONE Y AVENUE
x Add			KEY WEST, FL 33040
Remove			
3) Change	CEO	HENRI KOSK	6631 MALONEY AVENUE
x Add			KEY WEST, FL 33040
Remove			
4) Change	CFO	KATHERINE M. CRAIN	6631 MALONEY AVENUE
X Add			KEY WEST, FL 33040
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary). (Be specific)	
	
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and the second s	
n amendment provides for an exchange, reclassification, or cancellation of i	ssued snares,
ovisions for implementing the amendment if not contained in the amendmen (if not applicable, indicate N/A)	it itseif:
(у ногирунките, такие 1921)	
	
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	01/01/2019	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, thi partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendm flicient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	-
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareh	nolder and an analysis of the second
action was not required.	opted by the incorporators without shareholder action and shareholde	で語る。
Dated12/_	19/2018	
Signature $\underline{\hspace{0.4cm}} \mathcal{U}$	// -	<u></u>
	irector, president or other officer - if directors or officers have not b	
	d, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	court
	JAN DOELMAN	
	(Typed or printed name of person signing)	
	PRESIDENT and DIRECTOR	
	(Title of person signing)	