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(Requestor's Name)

_____

(Address)

_____

(Address)

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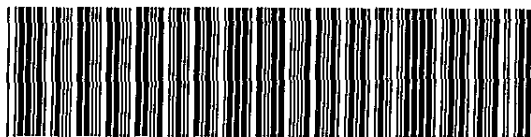(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____

(Business Entity Name)

_____

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
03 NOV 21 AM 10: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
MAD 12/1

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ___Metro Med Care, Inc.___
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

$35/
Amendment

☐ $70.00	☑ $78.75	☐ $78.75	☐ $87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	

FROM: PB&A FINANCIAL SERVICES, CORP.
Name (Printed or typed)

13935 NW 1ST AVE
Address

MIAMI, FL. 33168
City, State & Zip

305-688-9694
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
METRO MED CARE, INC.

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation:

ARTICLE II

The address of this corporation shall be:

> 200 SW 27th Ave. #208
> Ft Lauderdale, Fl. 33312

ARTICLE VII

The number of Directors/Officers constituting its Board of Directors shall be 1 whose name(s) and address(es) is(are):

> Mira Shatkhin
> 200 SW 27th Ave #208
> Ft Lauderdale, Fl. 33312
> President

The date of adoption of this amendment was the 19 day of November, 2003.
The amendment were adopted by the Board of Directors without shareholder action and shareholder action was not required.
These articles will become effective upon filing with the office of the Secretary of State of the State of Florida.

_____   _11/19/03_____
Mira Shatkhin/ President   Date