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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA	TRANSPO	ORT	ATION CARE INC
DOCUMENT NUMBER: P07000035	660		
The enclosed Articles of Amendment and fee are subr	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:	:	
	SILVIA A	4LO	NSO
	(Name of Contact	Person)	
FLORIDA TRAN	ISPORT	ATIC	ON CARE INC
	(Firm/ Compa	any)	
10570 N	VW 27th	St F	H-101
	(Address))	
D	oral, FL	3317	72
	(City/ State and Z	ip Code)	
E-mail address: (to be used	for future annual	report no	lification)
For further information concerning this matter, please	call:		
Silvia Alonso	at (3	305	660-0039
(Name of Contact Person)	(<i>F</i>	Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florid	la Departi	ment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing F Certified Copy (Additional cop 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, FL 32314		Division of Clifton B	ent Section of Corporations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TILED 14 NOV -3 PM 2:56

FLORIDA TRANSPORTATION CARE INC

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

P07000035660				, , , , , , , , , , , , , , , , , , ,
(Document	Number of Co	poration (if know	wn)	
Pursuant to the provisions of section 617.1006, I amendment(s) to its Articles of Incorporation:	Florida Statutes	, this <i>Florida Ne</i>	ot For Profit Corp	oration adopts the following
A. If amending name, enter the new name of	the corporation	<u>on:</u>		
				The nev
name must be distinguishable and contain the w "Company" or "Co." may not be used in the no	ord "corporati a me .	on" or "incorpo	rated" or the abbi	reviation "Corp." or "Inc."
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET				
			·	
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX			
,		1.4.0		
D. If amending the registered agent and/or re	agistared office	address in Fla	rida antor the no	ma of the
new registered agent and/or the new regis			ilda, enter the na	ine of the
Name of New Registered Agent:				
				_
		Florida street addres	ss)	-
New Registered Office Address:				
	(7)		, Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if changin				
I hereby accept the appointment as registered at	zent. I am fam	iliar with and ac	ecept the obligation	ns of the position.

Page 1 of 4

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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PT	Silvia Alonso	9948 NW 87th Terr
Add			Miami, FL 33178
Remove			
2) Change	PT	Joaquin Gonzalez	14252 SW 140 Street
Add		•	Suite 106
X Remove			Miami, FL 33186
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
Remove			

f amending of attach addition	r adding additional Art al sheets, if necessary).	icles, enter chang (Be specific)	<u>ge(s) here</u> :		
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The date of each amendment(s) adoption: October 01, 2014	if other than the
date this document was signed.	
Effective date if applicable: October 01, 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by*	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated October 23, 2014 Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Joaquin Gonzalez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_