

PO9000032249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

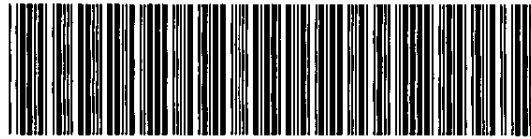
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/05/12--01024--002 \*\*52.50

12 NOV 20 PM 1:36  
RECEIVED  
FEB 13 2013

*Amend*

*11/27/12*

*DC*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2012

LUIS M. BURON  
LA-MAR MEDICAL TRANSPORTATION INC  
510 TAMIAM CANAL ROAD  
MIAMI, FL 33144

SUBJECT: LA - MAR MEDICAL TRANSPORTATION INC  
Ref. Number: P09000032249

We have received your document for LA - MAR MEDICAL TRANSPORTATION INC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Officer signature required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 712A00027103

2ND REQUEST

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LA-MAR MEDICAL TRANSPORTATION INC

DOCUMENT NUMBER: P09000032249

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS M BURON

Name of Contact Person

LA-MAR MEDICAL TRANSPORTATION INC

Firm/ Company

510 TAMIAMI CANAL ROAD

Address

MIAMI FLORIDA 33144

City/ State and Zip Code

luzcaballero@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis M Buron at ( 305 ) 216-0225  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |                         |
|--|--|---|---|-------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) | Paid 11/2/12<br>ck#8421 |
|--|--|---|---|-------------------------|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 1600  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED

12 NOV 20 AM 11:14

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

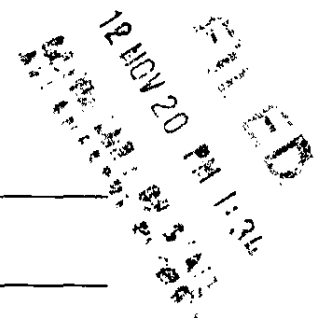
Articles of Amendment  
to  
Articles of Incorporation  
of

LA-MAR MEDICAL TRANSPORTATION INC

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

P09000032249

(Document Number of Corporation (if known))



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:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**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 N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**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.*

N/A

*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:

☒ Change                      PT      John Doe

☒ Remove                      V      Mike Jones

☒ Add                              SV      Sally Smith

| Type of Action<br>(Check One)           | Title     | Name                    | Address                    |
|---|-----------|-------------------------|----------------------------|
| 1) <input type="checkbox"/> Change      | <u>VP</u> | <u>WALFRIDO L PEREZ</u> | <u>10084 NW 127 STREET</u> |
| <input checked="" type="checkbox"/> Add |           |                         | <u>HIALEAH FL 33018</u>    |
| <input type="checkbox"/> Remove         |           |                         |                            |
| 2) <input type="checkbox"/> Change      |           |                         |                            |
| <input type="checkbox"/> Add            |           |                         |                            |
| <input type="checkbox"/> Remove         |           |                         |                            |
| 3) <input type="checkbox"/> Change      |           |                         |                            |
| <input type="checkbox"/> Add            |           |                         |                            |
| <input type="checkbox"/> Remove         |           |                         |                            |
| 4) <input type="checkbox"/> Change      |           |                         |                            |
| <input type="checkbox"/> Add            |           |                         |                            |
| <input type="checkbox"/> Remove         |           |                         |                            |
| 5) <input type="checkbox"/> Change      |           |                         |                            |
| <input type="checkbox"/> Add            |           |                         |                            |
| <input type="checkbox"/> Remove         |           |                         |                            |
| 6) <input type="checkbox"/> Change      |           |                         |                            |
| <input type="checkbox"/> Add            |           |                         |                            |
| <input type="checkbox"/> Remove         |           |                         |                            |

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

ARTICLE IV

TO BE DIVIDED EQUALING BETWEEN

50% EACH

PT - LUIS M BURON

VP-- WALFRIDO L PEREZ

**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)

N/A

The date of each amendment(s) adoption: NOVEMBER 2, 2012

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

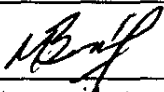
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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 NOV 2, 2012

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)

LUIS M BURON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)