P12000 096 484

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Old Control of the A)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:

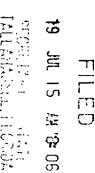
Office Use Only



200331580962

07/15/19--01023--007 **35.00

JUL 23 2019 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA MEDICAL TRANSPORT INC							
DOCUMENT NUMBER: P12000096484							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	ORLANDO RESTITUYO						
		Name of Contact Persor	1				
	FLORIDA MEDICAL TRAN	ISPORT INC					
	Firm/ Company						
	2500 W LAKE MARY BLV	D					
		Address					
	LAKE MARY FL 32746						
		City/ State and Zip Code	`				
ORL	ANDOBUSINESSSOLUTIO	NS@GMAIL.COM					
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:					
ORLANDO RESTITUYO		at (407)	260-1230				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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

Street Address

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment to Articles of Incorporation of

(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO:	<u>x</u>)
•	Service Servic
D 16 1' 1 1 1 1 1	and office addressed in Pleatide, and on the service of the
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
C:	atura of Non-Registered Arent If changing
Signe	ature 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> <u>John</u>	Doe			
X Remove	<u>V</u> <u>Mike</u>	Mike Jones			
X Add	<u>SV</u> <u>Sally</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	PRESIC	MUKHI, ABBAS	2500 W Lake Mary Blvd Ste 107		
Add X Remove			Lake Mary, FL 32746		
2) Change	PRESIC	RESTITUYO, ORLANDO	2500 W Lake Mary Blvd Ste 107		
X Add		- 	Lake Mary, FL 32746		
Remove					
3) Change					
Add					
Remove					
4) Change			_		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change			_		
Add					
Remove					

(Attach additional sheets, if necessary). (Be specific)	
	
Company to the compan	
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)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	''	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/11/20	019	
Dated	<u> </u>	
Signature	\ , .	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MUKHI, ALEX	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	