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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: SUNCHINE	. NOWe mergency transportservices In
DOCUMENT NUMBER: [2	000094131
The enclosed Articles of Amendment and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
Anne S	. Xayler Name of Contact Person
Sughing None	mergency Hansport Bervices Inc
1360 NE.12	320 Blreet
MiAMi, FL	S31 (g) City/ State and Zip Code
Sarching Lhansport 12-mail address: (to be used to	for future annual report philication)
For further information concerning this matter, please ca	alt:
Anne & Xavier Name of Contact Person	at (<u>780</u>) <u>400-8290</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pays	able to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$62.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUNDhine NONemergency transpo	ort Services Inc.
(Name of Corporation as currently filed with the Florida De	(2.1
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida P</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Sanghine trangport services:	The new
name must be distinguishable and contain the word "corporation," "com "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A pword "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address: Name of New Registered Agent M. A. M. M. A. M. M. A. M. M. A. M. A. M. A. M. A. M. A. M. A. M. M. A.	orida, enter the name of the
(Florida street address: New Registered Office Address: (City)	. Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and a Signature of New Registered Agent, if c	

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 Do	<u>oč</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr		
Type of Action (Check One)	<u>Title</u>		Name MH	<u>Addres</u> s
1) Change				-
Add Remove				
2) Change		_		
Add Remove				
3) Change				
Add Remove				
4) Change		_		
Add Remove				
5) Change				
Add Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary)	ticles, enter change(s) here: (Be specific)
	1110-
/	V
····	
	The second secon
f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the am-	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	^
NIF	7

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 0/-27-14	····-
(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 east 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	
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 tiduciary by that fiduciary)	
Anne. S. Xavier	<u></u>
(Typed or printed name of person signing)	
Prosi dent	
(Title of person signing)	