

# PI4000059208

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

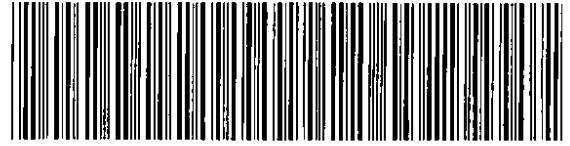
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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06/06/23 14:28:05  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2023

IVANIA ARQUEZ  
13335 SW 124 STREET, SUITE 209  
MIAMI, FL 33186

SUBJECT: ATC MEDICAL TRANSPORT CORP  
Ref. Number: P14000059208

We have received your document for ATC MEDICAL TRANSPORT CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure you check one of the Adoption of Amendment(s) boxes on the last page.

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.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 423A00016861

2023 JUL 28 11:20:05

AUG 23 2023

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ATC MEDICAL TRANSPORT, CORP.

DOCUMENT NUMBER: P14000059208

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

Please return all correspondence concerning this matter to the following:

IVANIA ARQUEZ

Name of Contact Person

ATC MEDICAL TRANSPORT

Firm/ Company

13335 SW 124 ST; SUITE 209

Address

MIAMI, FL 33186

City/ State and Zip Code

IVANIA@ATCMEDICALTRANSPORT.COM

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

For further information concerning this matter, please call:

IVANIA ARQUEZ

at ( 305 ) 799-8094

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:

☐ \$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  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

5/23/2005 11:25 AM

Articles of Amendment  
to  
Articles of Incorporation  
of

ATC MEDICAL TRANSPORT, CORP

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

P14000059208

(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**)

13335 SW 124 Street

Suite 209

Miami, FL 33186

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

13335 SW 124 Street

Suite 209

Miami, FL 33186

**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 Ivania Arquez

13335 SW 124 Street

(Florida street address)

New Registered Office Address: Miami, Florida 33186  
(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.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

6/28/2011 11:20:05

**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                      PT      John Doe

X Remove                    V        Mike Jones

X Add                        SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>    </u> Change	<u>P</u>	<u>Alfredo Tejedor</u>	<u>13335 SW 124 Street</u>
<u>x</u> <u>    </u> Add			<u>Suite 209</u>
<u>    </u> Remove			<u>Miami, FL 33186</u>
2) <u>x</u> <u>    </u> Change	<u>VP</u>	<u>Ivania Arquez</u>	<u>13335 SW 124 ST</u>
<u>    </u> Add			<u>Suite 209</u>
<u>    </u> Remove			<u>Miami, FL 33186</u>
3) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>
4) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>
5) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>
6) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>

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JUN 25 PM 2:05

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

IVANIA ARQUEZ 49%

928 JUN 23 PM 2:05

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


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

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated 5-30-2023

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)

IVANIA ARQUEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

REGISTERED AGENT

\_\_\_\_\_  
(Title of person signing)

2023 JUN 23 11:20:05  
STATE