P14000093687

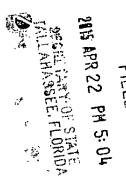
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	HEALTHCARE I	RIDE TRANSPORTATION	INC.		
DOCUMENT NUM	P140009687	148000936	687		
The enclosed Articles	of Amendment and fee are sa	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	FRANKLIN RAMOS				
	Name of Contact Person				
	HEALTHCARE RIDE TRA	ANSPORTATION INC.			
		Firm/ Company			
	103100 OVERSEAS HWY	7. #23			
	Address				
	KEY LARGO, FL. 33037				
		City/ State and Zip Code			
HE	ALTHCARERIDE@AOL.C	ОМ			
	E-mail address:	(to be used for future annual	report notification)		
For further informatio	n concerning this matter, plea	se call:			
FRANKLIN RAMOS	3	786 at (391-7374		
Name of Contact Person		Area Cod	le & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depar	tment of State:		
□ \$35 Filing Fee	□\$43,75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	Address nent Section n of Corporations Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

HEALTHCARE RIDE TRANSPORTATION INC.	the Florida Dept. of State) the Florida Dept. of State) Thir Thir TOF STATE THIR THE FLORIDA
(Name of Corporation as currently filed with	the Florida Dept. of State)
P14000093687	THE FIOTIDA DEPL OF STATE TAIL TOP OF STATE ORIDA
(Document Number of Corpora	
Pursuant to the provisions of section 607.1006, Florida Statut-Incorporation:	es, this corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporati	ion:
	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the attention "P.A."
B. Enter new principal office address, if applicable:	103100 OVERSEAS HWY.#23
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	KEY LARGO, FL 33037
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent Eric	Fundora VP
103100 OVERSE	AS HWY. #23
(Flo	orida street address)
New Registered Office Address: KEY LARGO	33037
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. Fam fair Signature of New Registered	

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 <math>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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	ERIC FUNDORA	P.O. BOX 370115	
X Add			KEY LARGO,FL. 33037	
Remove				
2) Change	, D	PEDRO MARIN	710 SHARON PL.	
Add			KEY LARGO, FL. 33037	
X Remove				
3) Change		MARIANA C RAMOS RENFROE	P.O. BOX 370115	
Add			KEY LARGO, FL. 33037	
X Remove				
4) Change	s	MARIANA C RAMOS RENFROE	P.O. BOX 370115	
X Add			KEY LARGO, 33037	
Remove				
5) Change				
Add				
Remove				
6) Change				
			-	
Damaria				



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

ADDING MR. ERIC FUNDORA AS /VP.
REMOVING PEDRO MARIN /DIR.
REMOVING MARIANA C RAMOS RENFORE /VP.
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)

· · · · · · · · · · · · · · · · · · ·	APHIL 18, 2015	
date this document was signed.	adoption;	, if other than the
Effective date if applicable:	PRIL 20, 2015	
Effective date in applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved 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)	
	(voling 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	
APRIL 2	20, 2015	
	EANKLAN RAMOS handin Nama	
selec	director, president or other officer – if the 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)	
	FRANKLIN RAMOS	
	(Typed or printed name of person signing)	
	PRESIDENT/OWNER	
	(Title of person signing)	