

PI4000093687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

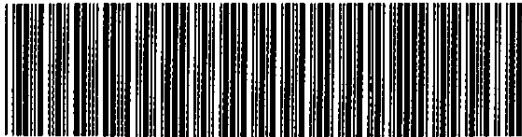
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200271729212

04/22/15--01019--007 **43.75

FILED
2015 APR 22 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date
4/28/15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALTHCARE RIDE TRANSPORTATION INC.

DOCUMENT NUMBER: ~~P14000093687~~ P14000093687

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

Please return all correspondence concerning this matter to the following:

FRANKLIN RAMOS

Name of Contact Person

HEALTHCARE RIDE TRANSPORTATION INC.

Firm/ Company

103100 OVERSEAS HWY. #23

Address

KEY LARGO, FL. 33037

City/ State and Zip Code

HEALTHCARERIDE@AOL.COM

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

For further information concerning this matter, please call:

FRANKLIN RAMOS at (786) 391-7374
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|--------------------------------|---|
| 1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>VP</u> | <u>ERIC FUNDORA</u> | <u>P.O. BOX 370115</u> <u>KEY LARGO, FL. 33037</u> |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>D</u> | <u>PEDRO MARIN</u> | <u>710 SHARON PL.</u> <u>KEY LARGO, FL. 33037</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | | <u>MARIANA C RAMOS RENFROE</u> | <u>P.O. BOX 370115</u> <u>KEY LARGO, FL. 33037</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>S</u> | <u>MARIANA C RAMOS RENFROE</u> | <u>P.O. BOX 370115</u> <u>KEY LARGO, 33037</u> |
| 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 | | | |

APRIL 18, 2015

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

APRIL 20, 2015

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

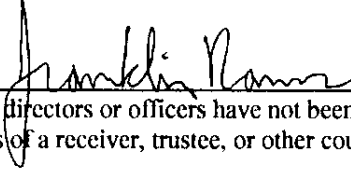
by _____.”
(voting group)

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.

APRIL 20, 2015

Dated _____

Signature FRANKLIN RAMOS 

(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)

FRANKLIN RAMOS

(Typed or printed name of person signing)

PRESIDENT/OWNER

(Title of person signing)