

P140000093687

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DEC 19 2018

LALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HealthCare Ride Transportation Inc.
DOCUMENT NUMBER: P140 00093687

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

Please return all correspondence concerning this matter to the following:

Mariana C. Renfroe-Ramos

Name of Contact Person

HealthCare Ride Transportation Inc.

Firm/ Company

175 Fontainebleau Blvd., Suite 202

Address

Miami FL 33172

City/ State and Zip Code

info@healthcareride.net

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

For further information concerning this matter, please call:

Mariana Renfroe-Ramos at (784) 431 1732

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2018

MARIANA C. RENFROE-RAMOS
HEALTHCARE RIDE TRANSPORTATION INC.
175 FONTAINBLEAU BLVD - STE. 202
MIAMI, FL 33172

SUBJECT: HEALTHCARE RIDE TRANSPORTATION INC.
Ref. Number: P14000093687

We have received your document for HEALTHCARE RIDE TRANSPORTATION INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(ONE) box.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 918A00024940

*Amended
see attached
thank you!*

RECEIVED
2018 DEC 18 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

HEALTHCARE RIDE TRANSPORTATION INC.

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

P14000093687

(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:

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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

175 Fontainebleau Blvd. #2D2
Miami FL 33172

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 Mariana C. Renfro-Ramos
175 Fontainebleau Blvd., suite 2D2
(Florida street address)

New Registered Office Address: Miami, Florida FL 33172
(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

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	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☒ Add ☐ Remove	<u>P</u>	<u>Mariana C Renfré-Ramos</u>	<u>175 Fontainebleau blvd.</u> <u>Suite 202</u> <u>Miami FL 33172</u>
2) ☐ Change ☐ Add ☒ Remove	<u>P</u>	<u>Franklin Ramos</u>	<u>175 Fontainebleau blvd #202</u> <u>Miami FL 33172</u>
3) ☐ Change ☐ Add ☒ Remove	<u>VP</u>	<u>Mariana C. Renfré-Ramos</u>	<u>175 Fontainebleau blvd #202</u> <u>Miami FL 33172</u>
4) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
5) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
6) ☐ Change ☐ Add ☐ Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

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

N/A

F. 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)

N/A

The date of each amendment(s) adoption: 11/16/18, if other than the date this document was signed.

Effective date if applicable: 11/16/18
(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 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.

Dated 11/16/18

Signature

Mariana C. Renfroe-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)

Mariana C Renfroe-Ramos

(Typed or printed name of person signing)

VP

(Title of person signing)