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Amendicc/cus

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: <u>Getwel</u>	1 Transporta	tion inc
DOCUMENT NUME	BER: PIS	000099	1156
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	tre 35 Kiss	City/ State and Zip Code	1741 Suit 337
	E-mail address: (to be us	sed for future annual report.	nc agmail-com
For further information	n concerning this matter, pleas	se call:	
Victor Name o	Divera of Contact Person	at (7-87 Area Coo	le & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mai	ling Address	Street A	Address ment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Getwell Trans	portation, inc.
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P150000	99150
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this lits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The second secon
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3501 W vine St, kissimmer,
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	FL, 34741
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3501 W vine st, kissimmee,
	FL, 34741
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Elp code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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: X Change	<u>PT</u> John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	PSD	Talia Olmo	570 cadillac Blvd,
Add			<u> Lissimmee, 34741</u>
Remove			
2) Change	TD	Ernesto Gonzalez	570 cadillac Blyd
Add			Kissimmer, 34741
X Remove			
3) X Change	PSD	Madeline Caceres	J
Add			Kissimmee, 34741
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding ad (Attach additional sheets, i	f necessary). (Be .	mer change(s) nere: specific)		
<u> </u>				
		· · · · · · · · · · · · · · · · · · ·		
				
	· · · · ·			
			 	
F. If an amendment provide provisions for implemen (if not applicable, independent)	ting the amendmen	reclassification, or ca It if not contained in	ncellation of issued shar the amendment itself:	es,

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)	···-
(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 document's effective date on the Department of State's records.	ll not be listed as the
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)	
(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 12-16-16 Signature Talca Ols	
Signature Title (1)	
(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)	
Talia Alm	
(Typed or printed name of person signing)	
Procident	
(Title of person signing)	