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OCT 2 0 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Medtrek Medical	Fransport, Inc.	
DOCUMENT NUMB	D15000000400		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Mickenson Pierre		
-		Name of Contact Person	<u> </u>
	Medtrek Medical Transport,		
-		Firm/ Company	
	12975 Collier Blvd #109	Tittle Dompany	
		Address	
	Naples, FL 34116		
-		City/ State and Zip Cod	e
medtre	ektransport@gmail.com		
		sed for future annual report	notification)
	E-man address, (to be a	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	·
Mickenson Pierre		at (<u>239</u>	228-7900
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cu	rrently filed with the Florida Dept. of Sta	ate)
215000099400		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes as Articles of Incorporation:	s, this Florida Profit Corporation adopts th	ne following amendment(s)
A. If amending name, enter the new name of the corporation	on:	
		The new
ame must be distinguishable and contain the word "corportions," "Inc.," or Co.," or the designation "Corp.," "Inc.," or corport "cord "chartered," "professional association," or the abbrevia	" or "Co". A professional corporation no	
3. Enter new principal office address, if applicable:	12975 Collier Blvd # 109	The said the said
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Naples, FL 34116	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12975 Collier Blvd # 109	15 ST
	Naples, FL 34116	100
If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		<u>ie</u>
Mickenson Pierre	iuress:	
Name of New Registered Agent		
	Ste 109	
12975 Collier Blvd S		
	ida street address)	
<u> </u>		34116 la

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Jalix Georges	850 29th Street SW
Add x Remove			Naples, FL 34117
2) Change	<u>P</u>	Mickenson Pierre	12975 Collier Blvd #109
AddRemove 3)Change	D	Marina A Pierre	12975 Collier Blvd #109 Naples, FL 34116
Add Remove			Naples, LL 34110
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	ts, if necessary). (Be specific)			
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an amendment prov	vides for an exchange, reclassification in the amendment if not continue the amendment if not continue to the	ition, or cancellation	of issued shares,	
(if not applicable,	indicate N/A)	itamed in the amenu	nent tisen.	
	•			
				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, , , , , , , , , , , , , , , , , , , ,
10/13/2016 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 w document's effective date on the Department of State's records.	ill 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)	
 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.	
10/13/2016	
DatedSignature	
(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)	
Jalix Georges	
(Typed or printed name of person signing)	
President	
(Title of person signing)	