P17 CCC 25396

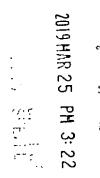
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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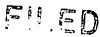
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Palm Beach Medic	al Transportation					
DOCUMENT NUM	017000035306						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	William Fedorenko						
		Name of Contact Person					
	Palm Beach Medical Transportation						
		Firm/ Company					
	7119 Chesapeake Circle						
		Address	 				
	Boynton Beach Florida 3343	6					
		City/ State and Zip Code	•				
wille	6will@comcast.net						
	-	sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:					
William Fedorenko		at (973	214-0466				
Name	of Contact Person		de & Daytime Telephone Number				
Enclosed is a check for	or 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)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations		Amend	Address ment Section n of Corporations				
P.C	D. Box 6327	Clifton Building					
Tallahassee, FL 32314		2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



PALM BEACH MEDICAL TRANSPORTATION INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000025396 (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: Tender Heart Transportation INC. 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (City) 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		<u> </u>		
Add				7-1-1-
Remove				
6) Change		_		
Add				
R. maye				

(Attach ac	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)
	N/A
If an amo	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself:
(if n	not applicable, indicate N/A)
	NIR

The date of each amendment(s) a	deption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendme ufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	этен!
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	older
■ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated3	20/19 Wtedorento	
	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other c	
	nted fiduciary by that fiduciary)	ourt
	William Fedorenko	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	