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COVER LETTER

JO: Amendment Section **Division of Corporations** Miracle Children's Transportation, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(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

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of Incorporation of 1

Miracle Childrens Transportation	on, Inc
(Name of Corporation as currently	
P1800004	1673
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this F1 its Articles of Incorporation:	prida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	in the second se
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	7, 10
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	CM
D. If amending the registered agent and/or registered office address	s 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:	, Florida
(C	ity) (Zip Code)
N. D. Jan J. H. W. St. at J. W. D. Janes J. Amerika	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
	· ·
	
Signature of New Reg	istered 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 De	<u>re</u>			
X Remove	<u>v</u>	Mike Jo	<u>ones</u>			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change	2	_	Milagros	Ferrer	4/2370 pw 197 St Mianij Gardens, E	230)
Add Remove					Many Gardens, 2	5 00.
2) Change						
Add		_				
Remove						
3) Change		_				
Add						
Remove					· · · · · · · · · · · · · · · · · · ·	
4) Change		_				
Add						
Remove						
5) Change		_				
Add					****	
Remove						
6) Change		_				
Add						
Remove						

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
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6 d	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendr	nent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes ca by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups, must be separately provided for each voting group entitled to vote separately on the separately of the separate	
"The number of votes cast for the amendment(s) was/were sufficient for appr	oval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder acti action was not required.	on and shareholder
Dated	
Signature	
(By a director, president or other officer – if directors or eselected, by an incorporator – if in the hands of a receiver	
appointed fiduciary by that fiduciary)	, HONCE, OF VARIET COURT
Ang N. De	eavera
(Typed or printed name of person signi	ing)
Presiden	-
(Title of person signing)	

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