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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pedro D. Diaz Name of Contact Person COMMUNITY MEDICAL TRANSPORTATION INC Firm/ Company 1275 W 47 PLACE SUITE 324 Address HIALEAH. FL 33012 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pedro D. Diaz 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: Street Address Certificate of Status Certificate Of Status Additional copy is certified Copy (Additional copy is cenclosed) Mailing Address Amendment Section Namendment Section Namendment Section	NAME OF CORPO	PRATION: COMMUNITY M	EDICAL TRANSPORTAT	TION INC	
Pedro D. Diaz Pedro D. Diaz					
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Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of	
COMMUNITY MEDICAL TRANSPORTATION INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000087847	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amenda
A. If amending name, enter the new name of the corporation: COMMUNITY TRANS INC	. √ The _ne
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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	o". A professional corporation name must contain t
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18 11
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	rt address)
New Registered Office Address:	, Florida

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.

<u> </u>	
 Signature of New Registered Agent, if changing	

(City)

(Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, no 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; CEC.Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of echeld. 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remov		lly Smith, SV as an Add.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

attach additional sheets, if necessary).	(Be specific)	
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If an amendment provides for an exc	enange, reclassification, or cancellation of issued shares,	
If an amendment provides for an exc provisions for implementing the ame	nendment if not contained in the amendment itself:	
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	iendment if not contained in the amendment itself:	
provisions for implementing the amount	nendment if not contained in the amendment itself:	
provisions for implementing the amount	reconstruction, or cancellation of issued shares, iendment if not contained in the amendment itself:	
provisions for implementing the amount	nendment if not contained in the amendment itself:	
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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 block do document's effective date on the Department	oes not meet the applicable statutory filing requirements, this dat nt of State's records.	e will not be lis
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s for approval.)
☐ The amendment(s) was/were approved by must be separately provided for each verified.	by the shareholders through voting groups. The following stateme oring group entitled to vote separately on the amendment(s):	nt
"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 action was not required.	the board of directors without shareholder action and shareholde	г
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated	1/	
(By a director,	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other cour	•
<u> </u>	iciary by that fiduciary)	•
	Podro Diaz	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	