# P19000015033

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#### COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: \_\_\_\_\_ Elite Medical Transportation Inc

DOCUMENT NUMBER: \_\_\_\_\_

#### P19000015033

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

•

	Name of Contact Person
	Elite Medical Transportation Inc
•	Firm/ Company
	3183 Evans Dr
·	Address
	Lake Worth, FL 33461
	City/ State and Zip Code

YoeInoche@yahoo.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Em	npy Pena	at ( 561	<sub>)</sub> 360-2293
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Amena Divisio The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

#### Articles of Amendment to **Articles of Incorporation** of

#### ELITE MEDICAL TRANSPORTATION INC

#### (Name of Corporation as currently filed with the Florida Dept. of State)

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(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:

The new 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."

Enter new principal office address, if applic incipal office address <u>MUST BE A STREET</u>		2020 AUG	•••
<u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	AM 11: 29	• • •
If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent	istered office address in Florida, enter the name of the red office address:		

<u>New Registered Office Address:</u>

(City)

(Zip Code)

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

#### Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

## 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)

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Example:

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.

### X Change <u>PT</u> John Doe <u>v</u> X Remove Mike Jones <u>X</u> Add <u>sv</u> Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) VP Yoel David Noche Torres 3183 Evans Dr 1) \_\_\_\_ Change $X_{Add}$ Lake Worth, FL 33461 \_\_\_\_\_ Remove 2) \_\_\_\_ Change Add \_\_\_ Remove 3) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_\_ Remove 5) Change \_\_\_\_ Add \_\_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

• . '

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The listed corporation shares ownership should be recorded as per the owner's request:
Yoel Noche Puig with 60% ownership, and his son Yoel David Noche Torres with 40% ownership.

\_\_\_\_\_

\_\_\_\_\_

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) \_, if other than the

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

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(CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

□ 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

(voting group) 8-07-202 Dated Signature (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)

#### Yoel Noche Puig

(Typed or printed name of person signing)

#### President

(Title of person signing)