## P19000018228

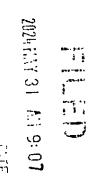
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO          | DRATION: TAP 2 RIDE TRA   | NSPORTATION INC  |   |  |
|------------------------|---|--|---|--|
| DOCUMENT NUN           | P19000018228  |  |   |  |
| The enclosed Article   | s of Amendment and fee are su   | bmitted for filing.  |   |  |
| Please return all corr | espondence concerning this ma   | tter to the following:   |   |  |
|                        | YADIRA ALVAREZ  |  |   |  |
|                        |   | Name of Contact Person   |   |  |
|                        | TAP 2 RIDE TRANSPORTA   | VTION  |   |  |
|                        |   | Firm/ Company  | <del></del>   |  |
|                        | 2355 SALSEDO STREET, S  | UITE 205   |   |  |
|                        |   | Address  |   |  |
|                        | CORAL GABLES, FL, 3313  | 4  |   |  |
|                        |   | City/ State and Zip Code   |   |  |
|                        | YADIRAALVAREZ@BLU   | ESTARMDT.COM   |   |  |
|                        | E-mail address: (to be us   | sed for future annual report                                     | notification)   |  |
| For further informati  | ion concerning this matter, pleas   | se call:   |   |  |
| YADIRA ALVARE          | 2   | 786  | 9019438   |  |
| Name of Contact Person |   | Area Code & Daytime Telephone Number                             |   |  |
| Enclosed is a check    | for the following amount made   | payable to the Florida Depa                                      | rtment of State:  |  |
| S35 Filing Fee         | ☐\$43.75 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)    |  |
| At<br>Di<br>P.o        | ailing Address<br>nendment Section<br>vision of Corporations<br>O. Box 6327<br>Illahassee, FL 32314 | Amendi<br>Division<br>The Co                                     | Address ment Section n of Corporations entre of Tallahassee L. Monroe Street, Suite 810 |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

TAP 2 RIDE TRANSPORTATION INC

| TAP 2 RIDE TRANSPORTATION INC   |                             | 2021.1:19.0                             | 1                      |  |
|---|-----------------------------|---|------------------------|--|
| (Name o   | f Corporation as current    | ly filed with the Florida Dept. of Stat | Ы НІГ9: 0 <b>7</b>     |  |
| P19000018228  |                             | $S_{n_{n+1}}$                           |                        |  |
|   | (Document Number of         | of Corporation (if known)               |                        |  |
| Pursuant to the provisions of section 607.1 ts Articles of Incorporation:   | 006, Florida Statutes, this | Florida Profit Corporation adopts the   | following amendment(s) |  |
| A. If amending name, enter the new na   | me of the corporation:      |   |                        |  |
| N/A   |                             |   | The new                |  |
| ame must be distinguishable and contain<br>'Inc.," or Co.," or the designation "C<br>'chartered," "professional association," | orp," "Inc," or "Co".       | A professional corporation name mus     | breviation "Corp.,"    |  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)                     |                             | 2355 SALZEDO ST, SUITE 205              |                        |  |
|   |                             | CORAL GABLES, FL 33134                  |                        |  |
|   |                             |   |                        |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                             | 2355 SALZEDO ST, SUITE 205              |                        |  |
|   | <del></del>                 | CORAL GABLES, FL 33134                  |                        |  |
| D. If amending the registered agent an new registered agent and/or the new  |                             |   | <u> </u>               |  |
| Name of New Registered Agent  | 14992 SW 59TH ST            |   | <del></del>            |  |
|   | <u> </u>                    | reet address)                           |                        |  |
| New Registered Office Address:  | MIAMI                       |   | 33193                  |  |
|   |                             | , Florida                               | (Zip Code)             |  |
|   |                             |   |                        |  |
|   |                             |   |                        |  |
| lew Registered Agent's Signature, if ch<br>hereby accept the appointment as registe   |                             |   | vorition               |  |
| , appointment up registe  | o agom um jummur            | A A A                                   | rognitur,              |  |
|   | (                           | Many                                    |                        |  |
| <del></del>   | Signature of New F          | gistered Agent, if changing             | <del></del>            |  |
| Check if applicable  ■ The amendment(s) is/are being filed po   |                             | (                                       |                        |  |

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)

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              |                            |
|-------------------------------|-----------|-----------------------|----------------------------|
| X Remove                      | <u>v</u>  | Mike Jones            |                            |
| X Add                         | <u>sv</u> | Sally Smith           |                            |
| Type of Action<br>(Check One) | Title     | <u>Name</u>           | <u>Addres</u> s            |
| l) Change                     | P         | MARIA ELENA GONZALEZ  | 2355 SALZEDO ST, SUITE 306 |
| Add                           |           |                       | CORAL GABLES, FL 33134     |
| X Remove                      |           |                       |                            |
| 2) Change                     | V         | YADIRA ALVAREZ        | 2355 SALZEDO ST. SUITE 205 |
| X Add                         |           |                       | CORAL GABLES, FL 33134     |
| Remove 3) Change              | P         | LARITZA TIMOR SANCHEZ | 2355 SALZEDO ST, SUITE 205 |
| X Add                         |           |                       | CORAL GABLES, FL 33134     |
| Remove                        |           |                       |                            |
| 4) Change                     |           | <del></del>           | <del></del>                |
| Add                           |           |                       |                            |
| Remove                        |           |                       |                            |
| 5) Change                     | _         |                       |                            |
| Add                           |           |                       |                            |
| Remove                        |           |                       |                            |
| 6) Change                     |           |                       |                            |
| Add                           |           |                       |                            |
| Remove                        |           |                       |                            |

| E. <u>If amer</u>  | nding or adding additional Article additional sheets, if necessary). ( | es, enter change(s)  <br>Be specific) | <u>here</u> :                         |                   |              |
|--------------------|--|---------------------------------------|---------------------------------------|-------------------|--------------|
|                    | dualitonal sheets, if necessary).                                      | ве ѕресіліс)                          |                                       |                   |              |
| N/A                |  |                                       |                                       |                   |              |
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|                    |  |                                       |                                       |                   |              |
| F. <u>Ifan a</u>   | mendment provides for an exchan  | ige, reclassification                 | , or cancellation                     | of issued shares, |              |
| <u>provi</u><br>(i | sions for implementing the amend if not applicable, indicate N/A)      | ment if not contair                   | ied in the amendi                     | nent itself:      |              |
| N/A                | ,,   |                                       |                                       |                   |              |
|                    |  |                                       | <del></del>                           |                   |              |
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|   | 5/15/2024  |
|---|--|
| The date of each an<br>date this document was | nendment(s) adoption:, if other than th  |
| date this document w                          | 5/15/2024  |
| Effective date if app                         |  |
|   | (no more than 90 days after amendment file date)   |
| Note: If the date in document's effective     | serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.            |
| Adoption of Amend                             | ment(s) (CHECK ONE)  |
| The amendment(s action was not rec            | s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder quired.   |
| The amendment(s<br>by the shareholde          | s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.   |
|   |  |
|   | s) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s): |
| musi be separate                              | y provided for each witing group entitied to vote separately on the amenament(s).  |
| "The number                                   | er of votes east for the amendment(s) was/were sufficient for approval   |
| by  | u  |
| o,  | (voting group)   |
|   |  |
|   | 5/15/2024  |
| Da  | ited   |
|   |  |
| 0.  | gnature  |
| Si  | (By a director, president or other officer - if directors or officers have not been  |
| Si  | (13) if director, president of given officers in directors of officers have not been   |
| Sij   | selected, by an incorporator - if in the hands of a receiver, trustee, or other court  |
| Si  | selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |
| Siţ   | selected, by an incorporator - if in the hands of a receiver, trustee, or other court  |
| Siţ   | selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |
| Sij   | selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  YADIRA ALVAREZ                               |