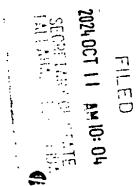
P19000026849

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: A & K CARE TRA	INSPORTATION, INC.	
DOCUMENT NUMB	P19000026840		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Amos Bien Aime		
•		Name of Contact Persor	1
		Firm/ Company	
	4882 SW 159th Ave		
		Address	-
-	Miramar, FL 33027	City/ State and Zip Code	<u> </u>
	Amos.Bien-Aime@Lchealthe		•
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Amos Bien Aime		at (389-2969
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

A & K CARE TRANSPORTATION, INC.

(Name	of Corporation as curre	ntly filed with the Florida Dept. of State)
P19000026849		
	(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	'orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
		1
		ddress in Florida, enter the name of the
new registered agent and/or the ne	w registered office addr	ess:
Name of New Registered Agent	N/A	
		10: 04
	(Florida	street address)
Variable since of Office Officeans	N/A	Florida
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ago	ent:
I hereby accept the appointment as regist	tered agent. I am familia	ar with and accept the obligations of the position.
	11/1/	
	Signature of New	c Registered Agent, if changing
	G. marine of the	and the state of t
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)

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Amos Bien Aime	4882 SW 159th Ave
Add X Remove			Miramar, FL 33027
2) Change	þ	A & M Revocable Family Trust	4882 SW 159th Ave
X Add			Miramar, FL 33027
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ر. (۸)	amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)
N/A	
F. <u>11</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
J	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A	(y an appreniate, material control

	N/A
The date of each amendment(s)	adoption:, if other than the
date this document was signed.	
N/ Effective data if applicables	A
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by N/A	•
<u> </u>	(voting group)
05/30/202 Dated	!4
Signature <	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Amos Bien Aime
	(Typed or printed name of person signing)
	President
	(Title of person signing)