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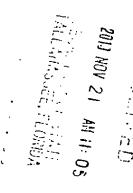
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: NV MED TRANSPORT INC DOCUMENT NUMBER: P19000031895 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARFA HICHO Name of Contact Person 1ST CLASS TAX ASSOCITES INC Firm/ Company 6220 S ORANGE BLOSSOM TR. Address ORLANDO FL 32809 City/ State and Zip Code CLIENTCOUNTY @GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 470-9483

Area Code & Daytime Telephone Number MARFA HICHO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) 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

Articles of Amendment to Articles of Incorporation of



NV MED TRANSPORT INC (Name of Corporation as currently filed with the Florida Dept. of State) P19000031895 (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: N/Aname 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: MARFA HICHO Name of New Registered Agent 6220 S ORANGE BLOSSOM TR. (Florida street address) ORLANDO New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered 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: \underline{X} Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
t) Change	VP	VICTORIA HERNANDEZ	6220 S.ORANGE BLOSSOM TR.	
Add _X Remove			ORLANDO FL. 32809	
2) Change	VP	KAREL CHACON	6220 S.ORANGE BLOSSOM TR.	
X Add			ORLANDO FL. 32809	
Remove				
3.) Change				
Add				
Remove				
4) Change	<u> </u>			
Add				
Remove				
5) Change				
Add			·	
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
	,
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
areas a large to entrange that the core	noment if not contained in the amendment usen.
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) N/A	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast fo by the shareholders was/were sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the ar	
"The number of votes east for the amendment(s) was/were sufficient for approval	
hy	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	nd shareholder
11/19/2019	
Signature MM//M	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	
MARFA HICHO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	