## P10000 041 384

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

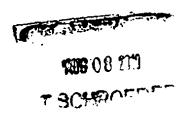




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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Duran Medical Ce	nter Transportation, Inc	
	1BER: P19000041384		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cort	respondence concerning this ma	tter to the following:	
	Yolanda Castillo		
	<del></del>	Name of Contact Person	n
	Duran Medical Center Trans	portation, Inc	
		Firm/ Company	
	14150 SW 119th Ave. Suite	• •	
		Address	
	Miami, FL 33186		
		City/ State and Zip Cod	e
\'C'	(ADumanus di sala seta se sess		
——————————————————————————————————————	@Duranmedicalcenter.com	sed for future annual report	notification)
	E-man address; (to be u	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
Yolanda Castillo		786	709-9362
Nam	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep:	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)
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

Duran Medical Center Transportation, Inc.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000041384	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
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 "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	Perco
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	SSS → F
(Florida stre	1 address)
New Registered Office Address:	Florida N
(1)	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature at New Re	gistered 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: X Change	<u>PT</u>	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
1) Change	V	Ernesto Fernandez	14150 SW 119 AVE
Add	<del></del>		Suite 102
X Remove			Miami, FL 33186
2) Change	V	Armando Castillo	14150 SW 119 AVE
X Add			Suite 102
Remove			Miami, FL 33186
3) Change			
Add			
Remove			
4) Change			**************************************
Add			
Remove			10 <sub>A</sub>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
			<b></b> -
	$\mathbb{Z}_{2}$	<del></del>	
	至高	AUG	-
	- S-	1	*****
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	SS <sup>™</sup>		
provisions for implementing the amendment if not contained in the amendment itself:		2>	
(if not applicable, indicate N/A)	(B <sub>0</sub> ,	<del></del>	O
	97	ö	
	<u>5</u> _	<b>₩</b>	
			·

	July 22, 2019	
The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
J	uly 22, 2019	
Effective date if applicable:	(no more than 90 days after amendment file d	
	tho more than 90 days after amenament fite a	ne)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the a sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follo for each voting group entitled to vote separately on the amenda	
"The number of votes e	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sha	areholder
Dated	1/24/19 Spleade Exelek	19 AU SEERE TALL AR
Signature	- perace (meet	<u> </u>
	a director, president or other officer – if directors or officers ha cted, by an incorporator – if in the hands of a receiver, trustee, or	
	ointed fiduciary by that fiduciary)	or other course
44%	Since reduciny by that reduciny	<u>, , , , , , , , , , , , , , , , , , , </u>
	Yolanda Castillo	
		<u> </u>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	