10/2/24, 10:37 AM

Division of Corporations



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(((H24000333140 3)))



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Email Address: juangarcia@orlandofamilymedical.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN OFM TRANSPORTATION, INC.

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Help

Fax 14075745953 (((H24000333140 3))) **COVER LETTER** TO: Amendment Section Division of Corporations OFM TRANSPORTATION, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Leslie Artze, Esq. Name of Contact Person Fernandez Legal Firm/ Company 135 W. Central Blvd. Ste. 300 Address Orlando, FL 32801 City/ State and Zip Code juangarcia@orlandofamilymedical.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leslie Artze, Esq. 7 5745009
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

> Malling Address Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Articles of inc		
OFM TRANSPOR	RTATION, INC.	
(Name of Corporation as current)	ly filed with the Florida Dept, of State)	
P19000078	3782	
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing 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," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must	reviation "Corp.,"
B. Enter new principal office address, if applicable:	900 TOWNE CENTER DR.	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34759	202 SE
	- · · · · · · · · · · · · · · · · · · ·	PR R
		5777
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PY PAS
(Managata Casa Casa Casa Casa Casa Casa Casa C		र्वे दे
		ES TO
		<u> </u>
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida str	vet address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the pos	sition.
Signature of New Ro	egistered Agent, if changing	
Check if applicable	() T 0	

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

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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.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			SEC 282
Remove			TALLAH TALLAH
2) Change			AAA -2
Add			
Remove 3) Change			OF STATI
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
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f an amendment provides for an e	tchange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	
		

Fax

(((H24000333140	3)))				
The date of each a date this document		option:	if ot	her than	the
Effective date <u>if ap</u>	plicable:				
		(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·		
		ock does not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be	listed as	the
Adoption of Amen	dment(s)	(CHECK ONE)			
☐ The amendment(action was not re	-	sted by the incorporators, or board of directors without shareholder action a	nd shareho	lder	
		sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.			
		oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):			
"The numb	er of votes cast fo	or the amendment(s) was/were sufficient for approval			
by		(voting group)			
		(voting group)	T SEC	2024	
09 / 26 / 2024 Dated			CRETARY OF ST	2024 OCT -2	***************************************
		Just.	¥ R	-2	1
S	gnature	ector, president or other officer - if directors or officers have not been	_뽔유	3	11
	selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	STATE, FL	PM 1: 53	C
	Ţ	UAN GARCIA	111	w	
	-	(Typed or printed name of person signing)			
	,	VP			
	_	(Title of person signing)			