Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000138859 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MAZON & COMPANY CPA PA

Account Number : I20240000049

: (305)707-3312

Fax Number

: (305)783-2270

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ivan.lavernia@zunzuntrans.net

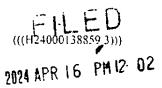
COR AMND/RESTATE/CORRECT OR O/D RESIGN ZUNZUN MED TRANSPORT SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

A. RAMSEY

APR 17 2024

Articles of Amendment to Articles of Incorporation of



ZUNZUN MED TRANSPORT SERVICES INC	Francisco (Control of Control of
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P24000013499	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statist Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc.," or "chartered," "professional association," or the abbrevial	The new pration," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word tion "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	<u> </u>
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
marco <u>Mari Berli Voli Olivice Bon</u> ,	
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 offi-	
Name of New Registered Agent N/A	
**************************************	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent:
r nereby accept the approximent as registered agent. Tun	n familian wan and accept the obligations of the position.
Signature	e of New Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.	0120 (11) (e), F.S.

(((H240001388593)))

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	$\overline{\text{b.l.}}$	John Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		AM
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(((11240001388593)))

(Attach additi	or adding additional Art ional sheets, if necessary).	(Be specific)	s) here:		
N/A		• "			
					
			<u> </u>		
·			· · · · · · · · · · · · · · · · · · ·		
F. <u>If an amendr</u>	ment provides for an excl	iange, reclassificati	on, or cancellatio	n of issued shares	<u>.</u>
provisions f	or implementing the ame pplicable, indicate N/A)	ndment if not conta	ained in the amen	dment itself:	
N/A	ppriculate, unarcule 1471)				
	- 1				
			<u></u>		
			·		
		•			

ागराम्बर्गास्त्रकार्यस्य स्थापन्ति । तस्य अन्तर्भव । तस्य स्थापन्ति । वस्य स्थापन्ति । वस्य स्थापन्ति । वस्य र

The date of each amendment(s) a	loption:	if other than
date this document was signed.	-	
Effective date if applicable:		
	(no more than 90 days	ofter amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable st partment of State's records.	atutory filing requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board o	f directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The numb fficient for approval.	er of votes cast for the amendment(s)
must be separately provided for The number of votes cast	rach voting group entitled to vote sequences of the amendment(s) was/were suffices.	cient for approval
ру	(voting group)	
4/9/2024 Dated	oction preside in be other officer - if a	
(By a di	ector(president of other efficer = if o , by an incorporator = if in the hands	irectors or officers have not been
	ed fiduciary by that fiduciary)	or a recovery a manual or statut scene
	IVAN LAVERNIA	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	