

716591

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
8/31/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Latin American Assoc of Ins. Agencies of FL Inc

DOCUMENT NUMBER: 716591

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmen M Peters

(Name of Contact Person)

Fernandez-Bergnes & Assoc PA

(Firm/ Company)

7490 West Flagler Street

(Address)

Miami, FL 33144

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen M Peters, CPA

(Name of Contact Person)

at (305) 648-7100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2009

CARMEN M. PETERS
7490 WEST FLAGLER STREET
MIAMI, FL 33144

SUBJECT: LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF
FLORIDA INC.
Ref. Number: 716591

We have received your document for LATIN AMERICAN ASSOCIATION OF
INSURANCE AGENCIES OF FLORIDA INC. and your check(s) totaling \$35.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The current name of the entity is as referenced above. Please correct your
document accordingly.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 209A00028240

Articles of Amendment
to
Articles of Incorporation
of

LATIN

American Association of Insurance Agencies
(Name of Corporation as currently filed with the Florida Dept. of State) OF Florida Inc.

716591

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

c/o Fernandez-Bergnes & Assc PA

7490 West Flagler Street

Miami, FI 33144

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO Box 520844

Miami, FL 33152

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:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

[illegible]

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: July 28, 2009

(date of adoption is required)

Effective date if applicable: July 28, 2009

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 7/28/09

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ALEXANDER DOPAZO
(Typed or printed name of person signing)

Treasurer
(Title of person signing)