716591

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(Ad	dress)	
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NAMES OF CORPORATION AND NOTICE OF CORPORATION OF C

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COVER LETTER

TO: Amendment Section Division of Corporations Latin American Assoc. of Insurance Agencies of FL Inc. NAME OF CORPORATION: 716591 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carmen M. Peters, CPA (Name of Contact Person) Fernandez-Bergnes & Associates P.A. (Firm/ Company) 7400 West Flagler Street Miami, Florida 33144 (City/ State and Zip Code) cpeters@affbcpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carmen M. Peters (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 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)

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 Articles of Incorporation

Latin American Association of Insurance Agencies of Florida Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) 716591 (Document Number of Corporation (if known)

. If amending name, enter the new name of	t the corporation:	
	No	_The new
me must be distinguishable and contain the v Company" or "Co." may not be used in the n	word "corporation" or "incorporated" or the abbreviation "Corp." <u>name</u> .	or "Inc."
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		<u>.</u>
		_
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		_
		_
		_
If amending the registered agent and/or new registered agent and/or the new regi		
	istered office address:	
new registered agent and/or the new regi	istered office address:	
new registered agent and/or the new regi	(Florida street address)	ಪ
new registered agent and/or the new regi	istered office address: (Florida street address)	13 NOV
new registered agent and/or the new regi Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changi	(Florida street address) (Florida street address) , Florida (City) (Zip Code	N 12
new registered agent and/or the new regi Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changi	(Florida street address) , Florida (City) (Zip Code	13 NOV 12 PM
new registered agent and/or the new regi Name of New Registered Agent: New Registered Office Address: New Registered Office Address: ew Registered Agent's Signature, if changing thereby accept the appointment as registered of the appointment as a registered of the appointment as registered of the appointment as a registered	(Florida street address) (Florida street address) , Florida (City) (Zip Code	13 NOV 12 PM 1:

Page 1 of 4

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 X_Remove Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> se <u>Jones</u> ly <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	Dopazo, Alexander	P.O. Box 520844
Add			Miami, FL 33152
Remove			
2) Change	T	Narnajo, Javier	P.O. Box 520844
Add			Miami, FL 33152
X Remove	Т	Larraz Alina	D.O. Poy 520944
3) Change XAdd	<u> </u>	Larraz, Alina	P.O. Box 520844 Miami, FL 33152
Add Remove			
X Change	VP	Pena, Jorge	P.O. Box 520844
Add			Miami, FL 33152
Remove			
5) Change	<u>P</u>	Monnar, Christian	P.O. Box 520844
Add			Miami, FL 33152
X Remove			
6) Change	<u>s</u>	Rejon, Sebastian	P.O. Box 520844
X Add		-	Miami, FL 33152
Remove			

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The date of each amendment(s) adoption:	08 // 5/2013	, if other than the
date this document was signed.		
Effective date if applicable:	08 / 5/2013	
(ri	o more than 90 days after amendment file date)	
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	
☐ There are no members or members entit adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were	
Dated	0/3	
Signature (Qi)	ull opn	
	vice chairman of the board, president or other officer-if directors	
	ed, by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
۸	lexander Dopazo	
	•	
(Typed	or printed name of person signing)	
	President	
	(Title of person signing)	