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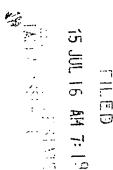
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: LATIN AMER	ICAN ASSOCIATION	OF INSU	RANCE	E AGENCIES OF FLORI	DA INC.
716591 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are	e submitted for filing.				
Please return all correspondence concerning this	matter to the following	<b>;</b> :			
	Carmen M. Pete	rs, CPA			
	(Name of Contac	t Person)			<del></del>
	Fernandez-Bergnes &	Associates,	P.A.		
	(Firm/ Comp	pany)			
	7400 West Flag	ler Street			
	(Address	;)			
	Miami, FL 3				
	(City/ State and 2	•			
E-mail address: (to be	cpeters@affbc	•	fication	<u> </u>	
For further information concerning this matter, p				,	
Carmen M. Peters,	СРА	305 at		648-7100	
(Name of Contact Po	erson)	(Area (	Code)	(Daytime Telephone Nu	mber)
Enclosed is a check for the following amount ma	de payable to the Flori	da Departm	ent of S	State:	
S35 Filing Fee S43.75 Filing Fe Certificate of St	ee & \$\Bigsiz\$ S43.75 Filing I atus Certified Copy (Additional copenciosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Add Amendmen Division of Clifton Bu	nt Secti f Corpo		

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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adopts the follo	owing
Th	e new
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	he da 33144 p Code) coposition.

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 X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Javier Naranjo	P.O. Box 520844
Add			Miami, FL 33152
X Remove			
2) Change	P	Jorge Pena	P.O. Box 520844
X Add			Miami, FL 33152
Remove			
3) Change	VP	Dulce Suarez-Resnick	P.O. Box 520844
Add			Miami, FL 33152
X Remove			
4) Change	VP	David Gil	P.O. Box 520844
X Add			Miami, FL 33152
Remove			
5) Change	S	David Gil	P.O. Box 520844
Add			Miami, FL 33152
X Remove			<del></del>
6) Change	<u>S</u>	Maria Fisk	P.O. Box 520844
XAdd			Miami, FL 33152
Remove			

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.

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X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
<b>1</b> ) Change	Т	Sebastian Rejon	P.O. Box 520844
Add			Miami, FL 33152
X Remove			
<b>8</b> ) Change	Т	Jeremiah Perez	P.O. Box 520844
X Add			Miami, FL 33152
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			Mary Control of Contro
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
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	date of each amendment(s)	doption:	, if other than the
	this document was signed.  7/1  ective date if applicable:	0/2015	
2110	ective date il applicable.	(no more than 90 days after amendment file date)	
	e: If the date inserted in this b ument's effective date on the E	lock does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not be listed as the
Add	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.	
	There are no members or mea adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were etors.	
	7/10/2015 Dated		
	Signature		<del></del>
	have not b	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
		Javier NARANS	
	<del></del>	(Typed or printed name of person signing)	
		Paes.	
		(Title of person signing)	