

716591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

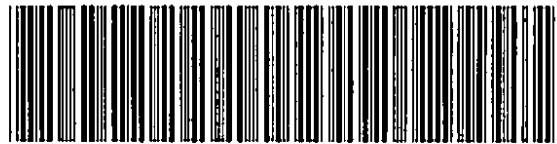
(Business Entity Name)

(Document Number)

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SEP 25 2019

2019 SEP 20 PM 2:15

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*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2019

CARMEN M. PETERS, CPA  
FERNANDEZ BERGNES & ASSOCIATES, P.A.  
7400 WEST FLAGLER STREET  
MIAMI, FL 33144

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

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 719A00018309

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES, NATIONAL ASSOC

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, CPA

(Name of Contact Person)

FERNANDEZ-BERGNES & ASSOCIATES, P.A.

(Firm/ Company)

7400 WEST FLAGLER STREET

(Address)

MIAMI, FL 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, CPA

(Name of Contact Person)

305

at

648-7100

(Area Code) (Daytime Telephone Number)

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

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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  
to  
Articles of Incorporation  
of

LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES, NATIONAL ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

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:

N/A 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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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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- 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                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>      </u> Change	<u>P</u>	PEREZ, JEREMIAH	PO BOX 520844
<u>      </u> Add			MIAMI, FL 33152
<u>X</u> Remove			
2) <u>      </u> Change	<u>P</u>	FISK, MARIA	P.O. BOX 520844
<u>X</u> Add			MIAMI, FL 33152
<u>      </u> Remove			
3) <u>      </u> Change	<u>V</u>	PEREZ, LISSETTE	P.O. BOX 520844
<u>      </u> Add			MIAMI, FL 33152
<u>X</u> Remove			
4) <u>      </u> Change	<u>V</u>	DELATORRE, DEVIN	P.O. BOX 520844
<u>X</u> Add			MIAMI, FL 33152
<u>      </u> Remove			
5) <u>      </u> Change	<u>T</u>	DELATORRE, DEVIN	P.O. BOX 520844
<u>      </u> Add			MIAMI, FL 33152
<u>X</u> Remove			
6) <u>      </u> Change	<u>T</u>	MARIA VILA	P.O. BOX 520844
<u>X</u> Add			MIAMI, FL 33152
<u>      </u> 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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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>S</u>	<u>VILA, MARIA</u>	<u>PO BOX 520844</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33152</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>DELGADO, LISSETTE</u>	<u>PO BOX 520844</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33152</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 8/13/19, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/13/19

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)

Maria Fisk

(Typed or printed name of person signing)

President

(Title of person signing)