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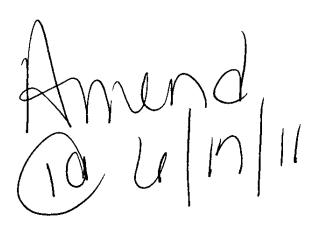
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Interamerican Insurance Brokers of South Florida, Inc.				
DOCUMENT NU	JMBER:	P02000018017		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.		
Please return all co	orrespondence concerning thi	s matter to the following:		
		Ivonne Leal		
	N	ame of Contact Person		
	Interamerican Insur	rance Brokers of South Florid	a, Inc.	
		Firm/ Company		
	800 W. Cy	press Creek Rd., Ste. 280		
		Address		
	Fort L	_auderdale, FL 33309		
		ity/ State and Zip Code		
	ileal@inte E-mail address: (to be use	eramericangroup.us d for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
	Ivonne Leal	at \	938-3510	
Name	e of Contact Person	Area Code & Daytime T	elephone Number	
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depa	artment 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 Circ	cle	
		Tallahassee, FL 32301		

Articles of Amendment to **Articles of Incorporation** of

Interamerican Insurance Brokers of South Florida, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

P0	2000018017		
(Document Nu	mber of Corporation (if know	rn)	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Flo	rida Profit Corporation adopt	s the follow
A. If amending name, enter the new name	of the corporation:		
	14 mil 1		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "Ĉorp," "Inc,	" or "Co". A professional con	rporation
P. Enter new principal office address if an	nlicahla		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
			11 JUN 16 AH
			တ် လို
			THE PROPERTY.
C. Enter new mailing address, if applicabl			<u> </u>
(Mailing address <u>MAY BE A POST OFF</u>	<u> </u>		58
			
			
D. If amending the registered agent and/or	registered office address in	Florida, enter the name of the	<u>e</u>
new registered agent and/or the new reg			-
Name of New Registered Agent:			
wame of New Registered Agent.		 	
New Registered Office Address:	(Florida street ac	ldress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		nd accept the obligations of the	nosition
i петелу ассері іне арронитені as registerea	ugeni. Tum jamiliai wiin ar	a accept the obligations of the f	//////////////////////////////////////
	Signature of New Registered	Agent it changing	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DPT	Luis Jose Vicentini	800 W Cypress Creek Rd. Suite 280 Fort Lauderdale, FL 33309	
DPT	Luis Enrique Vicentini	800 W Cypress Creek Rd. Suite 280 Fort Lauderdale, FL 33309	☑ Add □ Remove
	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe		
provisi	mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)		
	•		, , , , , , , , , , , , , , , , , , ,

The date of each amendment(s	
Effective date if applicable:	(date of adoption is required) June 10, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	27
((voting group)
✓ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated_June Signature	Myazuer hal
(By a selec	a director, president or other officer – of directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Ivonne Leal
	(Typed or printed name of person signing)
	Director
	(Title of person signing)