(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number))
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C.V. 15

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Arana Auto Insurance & Hultiservices Agence DOCUMENT NUMBER: P070000 94934 Corp
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Monica Espinoza Name of Contact Person Arana Auto Insorance & Hultiservices Agency Firm/ Company 3358 B. South Hilitary Trail Address Lake Worth Fl 33463 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Monica Espinora at SOI 502-1390.
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Arana Auto Insura		1415e601Ca	es Ac	zency c
(Name of Corporation as currently fi	led with the Florida	Dept. of State)	l	<i>,</i>
PO	1,0000°	94934		
(Document Number of	Corporation (if know	n)		_
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida</i>	a Profit Corporation adopt	s the followin	ig amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
				The new
"Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered." "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	abbreviation "P.A." P.E DRESS)	A professional corporation	n name must	contain the SECRETARY OF SOMPO
D. If amending the registered agent and/or register new registered agent and/or the new registered		Florida, enter the name o	f the	3
	OTTICE MEGIT COURT			32 OH:
Name of New Registered Agent				
	/Cl : 1			
	(Florida street addr	'ess)		
New Registered Office Address:		, Florida	<i>a</i> : 0 1	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar with and		the position.	
Signature of Ne	ew Registered Agent, i	j cnanging		

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_V_	<u>Mayra A García</u>	1431 Indian Pd to West Palm Bcl
Remove			FI 33406
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
· · · · ·	
 .	
100000	
	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y new approach, maneure init)	

The date of each amendment(s) adoption	SECRETARY OF STATE SECRETARY OF STATE ONVISION OF CORPORATION:	, if other than the
date this document was signed. Effective date if applicable:	15 JAN 26 PH 3: 32	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated	- 19-2015	
selected, by ar	president or other officer – if directors or officers have not been incorporator – (firthe hands of a receiver, trustee, or other court ciary by that fiduciary)	<u> </u>
•••	Onica Espino Za (Typed or printed name of person signing)	
	(Typed or printed name of person signing) D	
••••	(Title of person signing)	