## P0400019048

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NAY 23 2009

## **COVER LETTER**

· TO:	Amend	men	t Secti	on	,
	Divisio	n of	Corpo	ratio	ons

		·
NAME OF CORPORATION: MARIO	J. PETTINEO,	INC.
DOCUMENT NUMBER: PO 400011	9048	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	•
MARIO PETTI	NEO	
(Name of	Contact Person)	11. I.E. (1.1.1.
MARIO J. PETTINE	TO, INC.	
(Firm/	Company)	<del></del>
4624 NW 99TH LA	INE	
(A	ddress)	
CORAL SPRINGS,	. Florida 3307	6
(City/ State	e and Zip Code)	
For further information concerning this matter, pl	ease call:	
MARIO PETTINEO	at ( 954 ) 655 (Area Code & Daytime	-1076
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:		
\$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 State Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section	

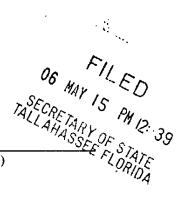
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MARIO J. PETTINEO, INC.

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



PO	4000	//	90	48
, ,	,	.,	, ,	, ,

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	TE NAME (if changing):
PETTINEO	INSURANCE ASSOCIATES, INC.
(Must contain the word (A professional corpora	d "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") ation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
and/or Article Title	ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) e(s) being amended, added or deleted: (BE SPECIFIC)
MHENO! CHANGE PRIM	NCI PAL ADDRESS TO 4630 N. UNIVERSITY DR. #408
	NCI PAL ADDRESS TO 4630 N. UNIVERSITY DR. #408  CORAL Springs, FL 33067
HEND/CHANGE	MAILING ADDRESS TO 4630 N. UNIVERSITY DR. #408
	MAILING ADDRESS TO 4630 N. UNIVERSITY DR. #408  CORAL Springs, FL 33067
<u></u>	
<del></del>	·
	(Attach additional pages if necessary)
	rovides for exchange, reclassification, or cancellation of issued shares, provisions he amendment if not contained in the amendment itself: (if not applicable, indicate N/.
	(continued)

5/12/06
The date of each amendment(s) adoption: $\frac{5/12/06}{106}$ Effective date if applicable: $\frac{5/12/06}{100}$
Effective date if <u>applicable</u> :
(no more than 50 days after amendment the date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting 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 the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  (Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35