

PO6000081079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

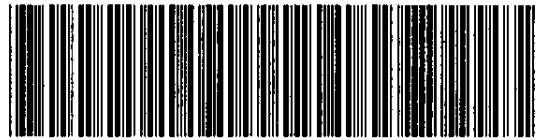
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/20/09--01003--006 **35.00

SECRETARY OF STATE
ANGEL AHUASSEFF, FLORENZA

09 DEC 10 PM 1:57

FILED

n/c

DEC 10 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2009

CIARA GRAVIER
8320 W. SUNRISE BLVD.
SUITE 206
PLANTATION, FL 33322

SUBJECT: COUNTRYWIDE INSURANCE GROUP CORP
Ref. Number: P06000081079

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 date of adoption of each amendment must be included in the document.

The document must have original signatures.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 509A00036719

RECEIVED
2009 DEC 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COUNTRYWIDE INSURANCE GROUP CORP.

DOCUMENT NUMBER: P06000081079

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CIARA GRAVIER
Name of Contact Person

CWI UNDERWRITERS
Firm/ Company

8320 W. SUNRISE BLD. SUITE 206
Address

PLANTATION, FL. 33322
City/ State and Zip Code

CIARA @ CWIUNDERWRITERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CIARA GRAVIER at (954) 449-8900
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

\$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 Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

COUNTRYWIDE INSURANCE GROUP CORP
(Name of Corporation as currently filed with the Florida Dept. of State)

P06000081079

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 10 PM 4:57

PM 10

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

A. If amending name, enter the new name of the corporation:

CWI UNDERWRITERS CORP. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

SAME

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

SAME

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: _____

New Registered Office Address: _____

(Florida street address)

_____, Florida
(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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

AT A MEETING HELD ON NOVEMBER 10th 2019
 I DECIDED TO CHANGE THE CORPORATION'S NAME TO
 CWI UNDERWRITERS CORP. SINCE MANY CUSTOMERS
 WERE UNDER THE IMPRESSION THAT WE WERE
 ASSOCIATED WITH COUNTRYWIDE MORTGAGES.-

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
 (if not applicable, indicate N/A)

11-10-2009

The date of each amendment(s) adoption: _____
(date of adoption is required)

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

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

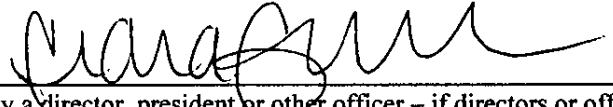
The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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.

Dated 11-26-2009

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)

Ciara Gravier
(Typed or printed name of person signing)

PRESIDENT.
(Title of person signing)