## P08000069458

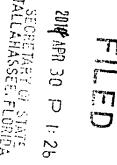
| (Requestor's Name)                      |                                       |
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| (Business Entity Name)                  |                                       |
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## **COVER LETTER**

| TO: Amendment Section<br>Division of Corpora |   |   |   |                |
|--|---|---|---|----------------|
| NAME OF CORPORA                              | TION: <u>AMT</u><br>R: <u>PØ8Ø</u> Ø        | Insurance   | Inc   |                |
| DOCUMENT NUMBER                              | r: <u>PØ8Ø</u> Ø                            | 6945  | 8   |                |
| The enclosed Articles of                     | Amendment and fee are su                    | bmitted for filing.   |   |                |
| Please return all correspo                   | ndence concerning this ma                   | tter to the following:  |   |                |
|  | thelma                                      | Campbell Name of Contact P  | erson   |                |
|  | I TMA                                       | insurance :   | Inc dba Iron<br>ve Suite A  | Lion           |
| _  |   | Firm/ Compan  | у   |                |
|  | 1000 N. 1                                   | Magnolia A  | ve Suite A  |                |
|  | 4 )   | Address   | ,<br>G: 3   |                |
|  | Orlando                                     | , FL 3  | 32863<br>Code   | <del>.</del> _ |
|  | ,   |   | eport notification)   |                |
| For further information co                   | oncerning this matter, pleas                | se call:  |   |                |
| Tholma                                       | Campbell                                    | at ( 40   | 7 <u>  140 - 4013</u><br>a Code & Daytime Telephone Nu              |                |
| Name of C                                    | Lontact Person                              | Are   | a Code & Daytime Telephone Nu                                       | mber           |
| Enclosed is a check for th                   | e following amount made                     | payable to the Florida  | Department of State:  |                |
| □ \$35 Filing Fee                            | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certificate of Status  Certified Copy (Additional Copy is enclosed) |                |
| Mailing Address                              |   |   | reet Address  |                |
| Amendment Section Division of Corporations   |   |   | mendment Section vision of Corporations                             |                |
| P.O. Box 6327                                |   |   | ifton Building  |                |
| Tallahassee, FL 32314                        |   |   | 61 Executive Center Circle  |                |

Tallahassee, FL 32301

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

| AMT Insurance Inc.  |                                       |                   |
|---|---------------------------------------|-------------------|
| (Name of Corporation as currently filed with the Florida Dept. of State)  |                                       |                   |
| P Ø 8 Ø Ø Ø Ø 6 9 4 5 8   |                                       |                   |
| (Document Number of Corporation (if known)  |                                       |                   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> addits Articles of Incorporation:  | pts the following                     | g amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |                                       |                   |
|   |                                       | The new           |
| name must be distinguishable and contain the word "corporation," "company," or "incorpor<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporat,<br>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)   |                                       |                   |
|   |                                       |                   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | ,                                     |                   |
| (Matting duaress MAT BE A POST OFFICE BOX)  | 7 S 2                                 |                   |
|   | <del></del>                           | 77                |
|   |                                       | 4.1-1.200 m       |
| D. If amending the registered agent and/or registered office address in Florida, enter the name   | S 25 S                                |                   |
| new registered agent and/or the new registered office address:  | G R                                   | [ 1 ]             |
| Name of New Registered Agent  | e e e e e e e e e e e e e e e e e e e | U                 |
| Nume by New Registered rigera   | · 28                                  |                   |
| (Florida street address)  | <i>y</i>                              |                   |
| New Registered Office Address: , Florida  |                                       |                   |
| (City)  | (Zip Code)                            |                   |
|   |                                       |                   |
| New Registered Agent's Signature, if changing Registered Agent:   |                                       |                   |
| thereby accept the appointment as registered agent. I am familiar with and accept the obligations is  | 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)

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                  | P            | Tho         | imas J  | Finwall | 815 E Concord St<br>Orlando, FL 32803 |
| Add Add                    |              |             |   |         | Orlando, FL 32803                     |
| Remove                     |              |             |   |         |                                       |
| 2) Change                  |              |             |   |         |                                       |
| Add                        |              |             |   |         |                                       |
| Remove                     |              |             |   |         |                                       |
| 3) Change                  |              |             |   |         |                                       |
| Add                        |              |             |   |         | 4.10                                  |
| Remove                     |              |             |   |         |                                       |
| 4) Change                  |              |             |   |         |                                       |
| Add                        |              |             |   |         |                                       |
| Remove                     |              |             |   |         |                                       |
| 5) Change                  |              |             |   |         |                                       |
| Add                        |              |             |   |         |                                       |
| Remove                     |              |             |   |         |                                       |
| 6) Change                  |              |             |   |         |                                       |
| Add                        | ****         |             | , , <u>, , , , , , , , , , , , , , , , , </u> |         |                                       |
| Remove                     |              |             |   |         |                                       |

| If amending or adding additional Artic Attach additional sheets, if necessary). | cles, enter change(s) here:  (Be specific)   |
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| provisions for implementing the amen  | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:   |
| (if not applicable, indicate N/A)   |  |
|   |  |
|   |  |
|   |  |
| 149 — — 4.  |  |
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|   | to the state of th |
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| The date of each amendment(s) adoption: OY/ 11 14 date this document was signed.   | , if other than th |
|--|--------------------|
| Effective date if applicable:  |                    |
| (no more than 90 days after amendment file date)   | <del></del>        |
| 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 04   14  |                    |
| (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) |                    |
| Maurice (α~ρ)(\\ (Typed or printed name of person signing)   | _                  |
| (Title of person signing)  | -                  |