P13000070981

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V HERRING MAR 2.7 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SEGUROS QUE S	SI, INC.		
DOCUMENT NUMBI	ER: P13000070981			
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
N	OEL PEREZ			
_		Name of Contact Person	1	
S	SEGUROS QUE SI, INC.			
		Firm/ Company		
3	11 DRAKE ELM DR			
_		Address		
K	JSSIMMEE, FL 34743			
_		City/ State and Zip Code		
ALLAI	3OUTOBAMACARE@GN	IAIL.COM		
		sed for future annual report	notification)	
		·		
For further information	concerning this matter, pleas	se call		
NOEL PEREZ		at (³²¹	443-9130	
Name of Contact Person		at (Area Coe	de & Daytime Telephone Number	
Enclosed is a check for t	the following amount made		-	
S35 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



1917 HAR 24 PH 1: 36

SEGUROS QUE SI, INC.		
(Name of Corporat	tion as currently filed with the Flor	ida Dept. of State)
P13000070981		
(Docu	iment Number of Corporation (if known	wn)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corpo</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:	
SEGURO QUE SL INC.		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p, " "Inc," or "Co". A professiona	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	
D. If amending the registered agent and/or registency registered agent and/or the new registered		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		bligations of the position.
· · · · · · · · · · · · · · · · · · ·	,	
Sign	nature of New Registered Agent if of	

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; ER = 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>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary)	(Be specific)
. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/4)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
	

MARCH 22, 2017
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
MARCH 22, 2017 DatedSignature
(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)
NOEL PEREZ
(Typed or printed name of person signing)
OWNER President (Title of person signing)
(Title of person signing)