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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BLUE SKY INSU	RANCE AGENCY, INC	
DOCUMENT NUMI	BER:P15000032964		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	JOSE L CARMENATE		
		Name of Contact Person	1
	BLUE SKY INSURANCE A	GENCY, INC	
•	— <u>ur-</u>	Firm/ Company	
	1677 SW 107TH AVENUE	1 7	
		Address	
	MIAMI, FLORIDA 33165		
		City/ State and Zip Code	e
BSIII	MIAMI@GMAIL.COM		
***************************************	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:at (391-3886
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment

Articles of Incorporation 10 10 10 10 00

BLUE SKY INSURANCE AGENC, INC

(Name o	of Corporation as current	y filed with the Floric	la Dept. of State)	
P15000032964				
	(Document Number o	f Corporation (if know	1)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corport	ution adopts the follow	ring amendment(s) to
A. If amending name, enter the new na	ume of the corporation:			
N.A.				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	Co". A professional		abbreviation
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
				· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent an new registered agent and/or the new			he name of the	
Name of New Registered Agent	MAYRA E MORALES			
	1677 SW 107TH AVENU	E		
	(Florida str	veet address)		
New Registered Office Address:	MIAMI		. Florida 33165	
and the state of t		(Ciţv)		p Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			igations of the position	1.
,,	Wife			
	Signature of New I	Registered Agent, if cha	nging	

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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MAYRA E MORALES	1677 SW 107TH AVENUE
X Add			MIAMI, FLORIDA 33165
Remove			ter the terms
. 2) Change	Р	JOSE L CARMENATE	1677 SW 107TH AVENUE
Add			MIAMI, FLORIDA 33165
X Remove			
3) Change	VP	MANUEL A IGARZA	1677 SW 107TH AVENUE
Add			MIAMI, FLORIDA 33165
X Remove			
4) Change			
Add			
Remove			
5) Change			
<u>· </u>			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	eles, enter change(s) here: (Re specific)
NA.	(it specific)
	CONTROL OF THE PART OF THE PAR
F. If an amendment provides for an excha 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)	
NA	
·	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
· · · · · · · · · · · · · · · · · · ·	
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 da document's effective date on the Department of State's records.	te will not be listed as the
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 statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east 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 shareholde action was not required.	T
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
07/03/2017 Dated	
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 cour appointed fiduciary by that fiduciary)	t
JOSE L CARMENATE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	