

P 17000086277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400319803904

10/19/18--01014--008 **35.00

FILED

2018 OCT 19 P 2 24

STATE OF TEXAS
FALL ADMINISTRATIVE SESSION

T. LEMMON

OCT 26 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUNNY STATE INSURANCE AGENCY CORP

DOCUMENT NUMBER: P17000086277

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

Please return all correspondence concerning this matter to the following:

YOIMA UZQUIANO
Name of Contact Person

SUNNY STATE INSURANCE AGENCY CORP
Firm/ Company

5085 NW 7TH ST APT 506
Address

MIAMI, FL 33126
City/ State and Zip Code

YOIMA.UZQUIANO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOIMA UZQUIANO at (786) 357-3916
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

SUNNY STATE INSURANCE AGENCY CORP

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

P17000086277

(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:

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

SUNNY STATE INSURANCE 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)

8203 NW 70TH ST

DORAL, FL 33166

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

267 NW 65TH AVE

MIAMI, FL 33126

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 YOIMA UZQUIANO

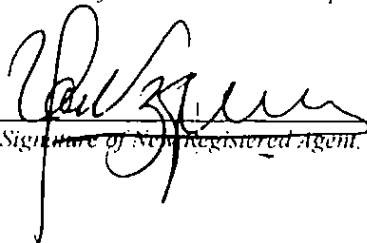
267 NW 65TH AVE

(Florida street address)

New Registered Office Address: MIAMI, Florida 3316
(City) (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

2018 OCT 19 PM 2:24
MILWAUKEE COUNTY
CLERK OF CIRCUIT COURT

FILED

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>PT</u>	<u>YOIMA UZQUIANO</u>	<u>267 NW 65TH AVE</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 3326</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>YUNIOR N PENA</u>	<u>267 NW 65TH AVE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33126</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<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)

ARTICLE I NAME: SUNNY STATE INSURANCE CORP

ARTICLE II PRINCIPAL OFFI: 8203 NW 7 ST DORAL FL 33166 MAILING ADD: 267 NW 65 AVE MIAMI FL 33126

ARTICLE IV SHARES: 50% YUNIOR N PENA 50% YOIMA UZQUIANO

ARTICLE V OFFICERS AND/OR DIRECTORS:

YOIMA UZQUIANO PRESIDENT 267 NW 65TH AVE MIAMI FL 33126

YUNIOR N PENA VICE PRESIDENT 267 NW 65 AVE MIAMI FL 33126

ARTICLE VI REGISTERED AGENT: YOIMA UZQUIANO 267 NW 65 AVE MIAMI FL 33126

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)

OWNERSHIP CHANGES AS FOLLOWS:

YUNIOR N PENA 50% SHARES

YOIMA UZQUIANO 50% SHARES

10/17/2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

10/17/2018

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.

Dated 10/17/18 _____

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)

Juanita N. Peiris

(Typed or printed name of person signing)

VP.

(Title of person signing)