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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ATION: Insurance Manageme	nt Corporation		
DOCUMENT NUME	P97000067849			
The enclosed Articles	of Amendment and fee are subr	nitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
	Annette Grudin			
		Name of Contact Person		
	Insurance Management Corpor	ration		
		Firm/ Company		
	2727 Eleanor Way			
		Address		
	Wellington . Florida 33414	_		
		City/ State and Zip Code		
	imemitch@aol.com			
		ed for future annual report	notification)	
	12-man address, (ve es as	,		
For further information	on concerning this matter, pleas	e call:		
Mitchell G_{C}	0	954	298-5499 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Eliciolica il a olioca				
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	Ameno Divisio The C	Address dment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
Insurance Management Corporation	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	<u>:</u>
	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	'. A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	202
	<u></u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OF FICE BOX)	
	1.4
	61
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Floride	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	
I hereby accept the appointment as registered agent. I am famili	tar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing
Signature by the	The state of the s

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	Address
1) Change	<u>v</u>	Rayven Grudin	792 Windtree Way
Add			Wellington FL 33414
x Remove			
2) Change	V	Rayven Camilleri	792 Windtree Way
x Add			Wellington FL 33414
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			Market v.
Remove			

ific)
lleri as she has gotten Married
•
assification or cancellation of issued chares
assification, or cancellation of issued shares, not contained in the amendment itself:
· · ·
· · · · · · · · · · · · · · · · · · ·

, · ·	10/13/2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Denoute to the terms of the	/13/2020	
Effective date if applicable:	, , , , , , , , , , , , , , , , , , ,	
	(no more than 90 days after t	imendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutor Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of dire	etors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were c must be separately provided f	oproved by the shareholders through voting per each voting group entitled to vote separate	groups. The following statement ely on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient	for approval
by		••
,	(voting group)	 ,
10/13/20	n	
Dated		
Signature	Annette Gruo	lin
selec	director, president or other officer – if direct ed, by an incorporator – if in the hands of a nted fiduciary by that fiduciary)	ors or officers have not been receiver, trustee, or other court
	Annette Grudin	
	(Typed or printed name of pers	on signing)
	President	
	(Title of person signing)	