

716591

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Florida Department of State
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF

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Corporate Filing Menu

Help
AUG 21 2018

Articles of Amendment
to
Articles of Incorporation
of

LATIN AMERICA ASSOCIATION OF INSURANCE AGENCIES OF FLORIDA INC.

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

716591

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

3.002
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TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>DAVID GIL</u>	<u>P.O. BOX 520844</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33152</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>JEREMIAH PEREZ</u>	<u>P.O. BOX 520844</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33152</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>V</u>	<u>MARIA FISK</u>	<u>P.O. BOX 520844</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33152</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>V</u>	<u>LISSETTE PEREZ</u>	<u>P.O. BOX 520844</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33152</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>T</u>	<u>LISSETTE PEREZ</u>	<u>P.O. BOX 520844</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33152</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>T</u>	<u>DEVIN DELATORRE</u>	<u>P.O. BOX 520844</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33152</u>
<input type="checkbox"/> Remove			

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(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <input type="checkbox"/> Change	<u>S</u>	<u>DEVIN DELATORRE</u>	<u>P.O. BOX 520844</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33152</u>
<input checked="" type="checkbox"/> Remove			
8) <input type="checkbox"/> Change	<u>S</u>	<u>MARIA VILA</u>	<u>P.O. BOX 520844</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33152</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: 08/23/2018, if other than the date this document was signed.

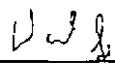
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated _____

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAVID GIL

(Typed or printed name of person signing)

P

(Title of person signing)