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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

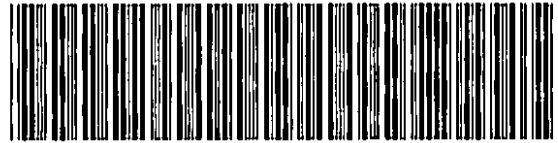
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 11 2021

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Elan Insurance, Inc.

Name of Corporation

DOCUMENT NUMBER: F15000001226

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Haidy Capote

Name of Contact Person

Elan Benefits Puerto Rico, Inc.

Firm/Company

9500 S. Dadeland Blvd., Suite 706

Address

Miami, FL 33156

City/State and Zip Code

haidy.capote@elan.insure

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Boyana Mintchev

at (305) 360-9196

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F15000001226

(Document number of corporation (if known))

1. ELAN INSURANCE, INC
(Name of corporation as it appears on the records of the Department of State)
2. Puerto Rico 3. 04/30/2019
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 11/16/2020
5. Elan Benefits Puerto Rico, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. **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 N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(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

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Omar Haedo
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE \$35.00



Government of Puerto Rico
Department of State

Transaction Date: 16-Nov-2020
Register No: 205636
Order No: 1897614

Government of Puerto Rico
Amendment to Articles of Incorporation

205636 - ELAN INSURANCE, INC.

A resolution was adopted setting forth (a) proposed amendment(s) to the Certificate of Incorporation of said corporation, declaring said amendment(s) to be advisable.

RESOLVED, that the Certificate of Incorporation of this corporation be amended by changing the following Article(s)

Corporation Name

Previous

ELAN INSURANCE, INC.

Actual

ELAN BENEFITS PUERTO RICO
INCORPORATED

Supporting Documents

Document

Corporate Resolution

Date Issued

30-Oct-2020

STATEMENT UNDER PENALTY OF PERJURY

IN WITNESS WHEREOF, I, Haedo, Omar [Owner] the undersigned, being authorized to file amendment(s) for the corporation, hereby swear that the facts herein stated in this certificate are true, this 16th day of November, 2020.



Government of Puerto Rico

CERTIFICATE OF AMENDMENT

I, **Raúl Márquez Hernández**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That on **November 16, 2020**, at **01:33 PM**, "**ELAN INSURANCE, INC.**" , registry number **205636**, performed the following transaction:

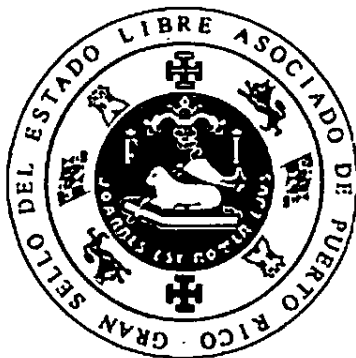
Name Change

Previous

Actual

ELAN INSURANCE, INC.

**ELAN BENEFITS PUERTO RICO
INCORPORATED**



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **November 16, 2020**.

A handwritten signature in black ink, appearing to read "Raúl Márquez Hernández", is written over a horizontal line.

Raúl Márquez Hernández
Secretary of State