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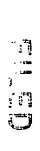
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

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NAME OF CORPORATION: Miami Insurance Agency Inc.
DOCUMENT NUMBER: 6 80988
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julio Rodriguez Name of Comatt Person
Miami Insurance Agency, Inc.
3313 NW 7 wtreet
Miami, FL 33125 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julio Rodriguez at 305 S41-4553 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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy (Certificate of Status Certified Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

miami Insuranc	e Agency, Inc	٠ .
	y filed with the Florida Dept. of State)	
<u> </u>		_
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>H</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:	,	
		The new
name must be distinguishable and contain the word "corporation," "co- "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A		
"chartered," "professional association," or the abbreviation "P.A."	projestimati curpia timo nume municipati	
D. Enter new principal office address if applicables		(S)
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	.110	معتر التا
	N +	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
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	6	T T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	F.
	-	-
		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent Julio Rod	riquez	
<u>UHIO MIT</u> (Florida stre	Chell DR.	
New Registered Office Address: Obral Uf	78125 Norida 331	58
Hen Registered Office Marcis.	City) (Zip Co.	de)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	with and accept the obligations of the position.	
	,	
01. 1.		
_ fortil Sodiage	\$	
Signature of Sign Re	gistered Agent, if changing	
Check if applicable		
∇ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (equation 1)	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)

Example:

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.

X_Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Khange	P	Julio Radriguez	
Add		·	CORAL GABLES, FL 33158
Remove	Ð	Day A Dadrice	mile of the old Dr
2) Change		DAISY C. RUMIYUEZ	COTOL GABLES, FL33158
Add			COTCH CHOIC), 4 L 33170
Remove 3) Change		Denise Radriquez	
_X_Add		V	6410 mitchell Dr.
Remove			Coral GABLES, FL3315
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			t
Add			
Remove			

(Attach additio	r adding additional Ar nal sheets, if necessary)	(Be specific)			
	NIA		· · · · · · · · · · · · · · · · · · ·		
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. If an amendm	ent provides for an exc	change, reclassification	<u>, or cancellation of issue</u> ed in the amendment its	d shares,	
(if not ap	plicable, indicate N/A)	icitalite it ii not contam	ea in the antenonient ha	en.	
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	The date of each amendment(s) adoption:, if other than the date this document was signed.
	Effective date if applicable:
	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 incorporators, or board of directors without shareholder action and shareholder action was not required.
	☐ 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)
	Dated
	Signature <u>faction or other officer</u> – 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)
•	
	TUITO ROCIFIQUEZ (Typed or printed name of person signing)
	president
	(Title of person signing)