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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MCD Insurance L	LC	
DOCUMENT NUM	1.17000007600		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Maria Debes		
		Name of Contact Perso	n
	Seguros Maria Debes LLC		
		Firm/ Company	<del></del>
	16910 Peaceful Valley Dr	Time Company	
		Address	
	Wimauma, FL 33598		
		City/ State and Zip Cod	le
info@	gsegurosmariadebes.com		
	, ,	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Maria Debes		813 at (	751-6385
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
	iling Address		Address
	endment Section ision of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

MCD Insurance LLC			
(Name of Corporation as	currently filed with the	Florida Dept. of State)	
L17000097699			
(Document N	umber of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statu its Articles of Incorporation:	tes, this <i>Florida Profit C</i>	Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corpora	ition:		
Seguros Maria Debes LLC		Tha	new'
name must be distinguishable and contain the word "con". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or the abbrevious chartered," "professional association," or the abbrevious contains a superior of the abbrevious contains the word "contains	c," or "Co". A profess	or "incorporated" or the abbrev	viation
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			<u> </u>
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22 11
			豆 〇
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			8
(Mailing duaress <u>MAT BE A FOST OF FICE BOX)</u>	<del></del>	:	— <u>;</u>
		·	
D. If amending the registered agent and/or registered off		enter the name of the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent			
	·		
· · ·	1 . 1		
(F)	lorida street address)		
New Registered Office Address:		, Florida	<del></del>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent. I am fa	amiliar with and accept t	he obligations of the position.	
	*** D	<del></del>	
Signature o	of New Registered Agent,	if changing	

## 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	<del>-</del>	<del>.</del>	
Add			
Remove			
2) Change	···		40.00 A
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change	_		
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
orporation Name Change		
		· · · · · · · · · · · · · · · · · · ·
	<u> </u>	
		- V
	·	<u> </u>
	<del></del>	
· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cane ndment if not contained in the	<u>cellation of issued shares,</u> c amendment itself:
(if not applicable, indicate N/A)		
	<del></del>	
· · · · · · · · · · · · · · · · · · ·		

	March 1, 2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
<del>-</del>	rich 1, 2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were:	lopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nt(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendmentis):	тепі
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
action was not required	lopted by the board of directors without shareholder action and shareholder detection and shareholder detection and shareholder detection and shareholder	older
action was not required.		
March 2, Dated	2019	
Signature A	ares del C. Selse C	
selec	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other of med fiduciary by that fiduciary)	
	Maria Debes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	