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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

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NAME OF CORPORATION	DN:	ciation of Insurance	Agencies of B	roward County	
DOCUMENT NUMBER: ,	N10000008630				
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
James A. Sullivan, Jr.					
	(Name of Contact Pe	rson)		
BLAAIA					
		(Firm/ Company)		
P.O Box 17093					
		(Address)			
Plantation, FL 33318					
	(City/ State and Zip (Code)		
jim@JandLinsurance.com					
E	-mail address: (to be used	for future annual rep	ort notification	n)	
For further information conc	erning this matter, please o	all:			
James A. Sullivan, Jr.		at	954	727-9900	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Numbe	r)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of !	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & [Certificate of Status		Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is sed)	
<u>Mailing A</u> Amendme		Am	eet Address nendment Secti		
Division o P.O. Box 6	f Corporations 5327		rision of Corpo fton Building	orations	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Latin American Association of Insurance Agencies of Broward County

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2HI AUG 31 A 10 54

(Name of Corporation	as current	ly filed with the Florid	a Dept. of <mark>.State</mark>): TARY OF. STATE TALLAHASSEE, FLORIDA
N10000008630			TALLAHASSEE, FLORIDA
(Docum	nent Numbe	r of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes	, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporatio	<u>on:</u>	
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble:	BLAAIA C/O J & L In	surance
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	1881 NE 26th St. #80	
		Fort Lauderdale, FL 33	305
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		
D. If amending the registered agent and/or registered agent and/or the new register			nter the name of the
Name of New Registered Agent:	James A S	ullivan, Jr. BLAAIA C	/O J & L Insurance
	1881 NE 2	6th St. #80	
New Registered Office Address:		(Flori	da street address)
	Fort Laude	erdałe	, Florida 33305
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			e obligations of the position.
	1	7 - 7 - 9	llwe J.
	Six	gnature of New Register	ed 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 X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P Elect	Barry Sanders	PO Box 17093
X Add			Plantation, FL 33318
Remove			
2) Change	P Elect	Daniel Barrios	PO Box 17093
Add		-	Plantation, FL 33318
X Remove			
3) Change	<u>T</u>	Richard Gibbs	PO Box 17093
Add			Plantation, FL 33318
X Remove			
4) Change	<u>T</u>	James A. Sullivan, Jr.	PO Box 17093
X Add			Plantation, FL 33318
Remove			
5) Change	<u>s</u>	Angela Shepherd	PO Box 17093
Add			Plantation, FL 33318
X Remove			
6) Change	S	Nicole Marcus-Doumas	PO Box 17093
X Add			Plantation, FL 33318
Remove			

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 X Remove X Add	<u>V</u> <u>Mik</u>	<u>i Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Andrew Pappas	PO Box 17093
X Add			Plantation, FL 33318
Remove			
2) Change	VP	Al Mendez	PO Box 17093
Add			Plantation, FL 33318
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additions attach additional sheets, if necess	ary). (Be specific)				
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date this document was signed.	
	7/2018
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more man in agree amonament you along
<u>Note:</u> If the date inserted in this blo document's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east for the amendment(s) al.
☐ There are no members or mem adopted by the board of direct	obers entitled to vote on the amendment(s). The amendment(s) was/were ors.
8/27/2018 Dated	
The state of the s	Lemas Q. Sulliva Tor:
Signature (By the chain have not be	rman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary
Signature (By the chain have not be other court	
Signature (By the chain have not be other court	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary
Signature (By the chain have not be other court	een selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary A. Sullivan, Jr. (Typed or printed name of person signing)

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