Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000250168 3)))



H230002501683ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			
	Division o	f Corporations	

Fax Number : (850)617-6380

From:

Account Name : BRYTEBRIDGE CONSULTING, LLC

Account Number : I20200000117 Phone : (407)278-1552 Fax Number : (407)857-9309

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN NATIONAL INSURANCE RESTORATION COUNCIL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu



 \subset

To:

(((H23000250168 3)))

Articles of Amendment to Articles of Incorporation of

NATIONAL INSURANCE RESTORATION COUNCIL, IN	SC.	
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N15000006784		
(Document Numb	er of Corporation (if k	ากพก)
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not Fo	er Profit Corporation adopts the followin
A. If amending name, enter the new name of the corporat	tion:	
name must he distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name	tion" or "incorporated	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	77
(Principal office address MUST BE A STREET ADDRESS)	
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(Stuting dauress State BE A FOST OFFICE BOX)		
D. If amending the registered agent and/or registered offi		enter the name of the
new registered agent and/or the new registered office a	iddress:	
Name of New Registered Agent:		
New Registered Office Address:	(Fl	arida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept	the obligations of the position.
Si	gnature of New Registe	ered Agent, if changing

To:

(((H23000250168 3)))

14075985443

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, Saily 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change Add		N/A	
Remove			202
2) Change Add			
Remove		 	
4) Change Add	·		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (Mach additional shee.		nal Articles, enter change(s) here: ssary). (Be specific)	
DISSOLUTION CLAUSI	Ė		
Upon dissolution of the C	orporatio	n, assets shall be distributed for one or more exempt	purposes within the meaning of
section 501(c)(3) of the In	nemal Re	venue Code, or the corresponding section of any fut	me federal tax code, or shall be
distributed to the federal g	<u>tovernme</u>	nt, or state or local government for public purpose.	

_			
7	^		

Page:	~6	5	

2023-07-18 00:22:45 GMT

14075985443

From: Evan O'Dell

	(((H23000250168 3)))
	77.
	,
	I TO THE TAXABLE PARTY OF TAXABLE
, 	
he date of each amendment(s) adoption:ate this document was signed.	. it other than the
ffective date <u>if applicable</u> :	
ffective date <u>if applicable</u> :	mendment file date)
ote: If the date inserted in this block does not meet the applicable standonnent's effective date on the Department of State's records.	itory filing requirements, this date will not be listed as the
doption of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(((H23000250168 3)))

(((H23000250168 3)))

Dated	7/14/2023 7:03 PM EDI
Signatur	e
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Joseph Radeliff
	(Typed or printed name of person signing)
	() () () () () () () () () ()
	President

 \odot