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SECRETARY OF STATE
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AUG 2 2 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A &A U N LEVE WYZI FRES FUC.	
DOCUMENT NUMBER: _ P0000013476	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PABLO M CONDE	
Name of Contact Person	
A SAU NEERWAY LERS JAC.	
Firm/ Company	
8778 SW 8H.	
Address	
Miami (2) 33174	
City/ State and Zip Code	
PMC @ AAUNGER WRITERS. Com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
PABIO M CON LE at 305, 230-7447 XT30 Name of Contact Person Area Code & Daytime Telephone Number	
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 \$35 Filing Fee & \$43.75 Filing Fee & \$152.50 Filing Fee	
Certificate of Status Certified Copy Certificate of Status	
(Additional copy is Certified Copy	
enclosed) (Additional Copy	
is enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

AdA Underwriters	Inc.	
(Name of Corporation as currently)	filed with the Florida Dept, of State	2)
(Document Number of C	Corneration (if known)	
(Document Number of C	Lorporation (II known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida 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, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation nam	r the abbreviation we must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		S CRETARY
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	PH L: 39
Name of New Registered Agent		
(Florida stree	t address)	<u> </u>
New Registered Office Address:	. Florida	
	Tity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the po	osition,
Signature of New Rec	nistered 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: <u>X</u> Change	<u>PT</u> Jol	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	7	PABIO J CONDE	3540 MAIN HWY
Adđ			ApT 206
Remove			Miami 21 33133
2) Change		<u></u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>Famendi</u> Attach <i>ad</i>	ing or adding additional Articles, enter change(s) here: Iditional sheets, if necessary). (Be specific)	
_	NA	
_		
provisio	ndment provides for an exchange, reclassification, or cancellation of issued shares as for implementing the amendment if not contained in the amendment itself: of applicable, indicate N/A)	ı
	MA	
		<u> </u>

The date of each amendment(s) adoption: 8 1 2017	if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/1 2017	
Signature(By a director, president or other officer – 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)	
PABLO M CONDIE	
(Typed or printed name of person signing)	
PARSI de NI	
(Title of person signing)	