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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Corporations RIG Insurance Group, Inc. P00000048055 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Listle Hago Guerrero Name of Contact Person RfG Insurance Proup, Inc 12401 Orange Dr. Ste 135 avie, FL 33330
City/ State and Zip Code e Q sicfl.com
address: (to be used for future annual report notification) For further information concerning this matter, please call: isette Llago Couerrero at 305 , 299-4158

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & ☐ \$35 Filing Fee ■\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, Fl. 32301

FILED

Articles of Amendment

Articles of Incorporation of

17 AUG 15 PM 1:52

R4G Insurance Grow	p, Ine.	地 拉在198	* A N 437/A
(Name of Corporation as current	y filed with the Flo	rida Dept. of State)	
P000000 48055			
(Document Number of	f Corporation (if kno	own)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corp	oration adopts the follo	owing amendment(s) t
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 "word "chartered," "professional association," or the abbreviation "	Co". A profession	"incorporated" or that corporation name n	ne abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered office address Name of New Registered Agent 12401 Ora (Florida str.) New Registered Office Address: Davie	ress in Florida, ento : Jevye y O	er the name of the	
12401 Ora (Florida str	rge DY,	Swite lê	<u>35</u> 22222
New Registered Office Address: DOOLE	(City)	, Florida _P	(C 9355 0 (Xip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	<u>:</u>		

Signature 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

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	PD	Roger Guerrero	12401 Orange Dr. Suite 135
Add		•	
<u> </u>			Davie, FC 33330
2) Change	PD	Rogelio Guerrero	12401 Orange Dr. Suite 135
<u></u> ★ Add		•	Davie, FL 33330
Remove			Davie, TC 33330
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NA	
	-
	<u>. – </u>
	
	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A) N A	
	<u> </u>

	ontion: 8/14/2017	
The date of each amendment(s) add that this document was signed.	option:	if other than the
Effective date <u>if applicable</u> :	8 14 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendm ficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following stage ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	holder
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	er
Dated	8/14/2017	
Signature	JAGO -	
(By a di	rector, president or other other - it directors or officers have not b	
	l, by an incorporator – if in the hands of a receiver, trustee, or other ed liduciary by that fiduciary)	court
i pp	Lisette Llago Guerre (Typed or printed name of person signing)	ro
-	(Typed or printed name of person signing)	
	Prosenout/Director	

(Title of person signing)