

P000000057703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

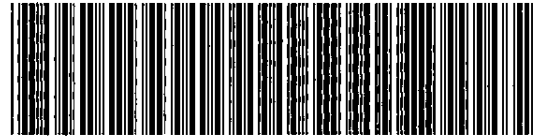
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2010 NOV 22 P 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend,
Trevino
11-24-10*

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: AMBERT INSURANCE AGENCY

DOCUMENT NUMBER: P00000057703

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA MERCEDES PACHECO

Name of Contact Person

Firm/ Company

11116 NW 88 TERR # 101

Address

MIAMI FL 33178

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person _____ at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ **\$35 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 NOV 22 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 3, 2010

MARIA MERCEDES PACHECO
11116 NW 88 TERR #101
MIAMI, FL 33178

SUBJECT: AMBERT INSURANCE AGENCY, INC.
Ref. Number: P00000057703

We have received your document for AMBERT INSURANCE AGENCY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The new registered agent must sign accepting the designation on page one of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 910A00025899



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2010

MARIA MERCEDES PACHECO
11116 NW 88 TERR #101
MIAMI, FL 33178

SUBJECT: AMBERT INSURANCE AGENCY, INC.
Ref. Number: P00000057703

We have received your document for AMBERT INSURANCE AGENCY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 810A00023747

Articles of Amendment
to
Articles of Incorporation
of

AMBERT INSURANCE AGENCY, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P00000057703

(Document Number of Corporation (if known))

FILED
2010 NOV 22 P 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

N/A

(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

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

MARIA MERCEDES PACHECO

11116 NW 88 TERR # 101

New Registered Office Address:

(Florida street address)

MIAMI

(City)

Florida 33178

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PDS	LUIS MENES	18000 NW 68 AV # 115 MIAMI FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	ANNIA M MENES	4410 WEST 16TH AVE # 25 HIALEAH FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

F. 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

The date of each amendment(s) adoption: OCTOBER 1, 2010

Effective date if applicable: OCTOBER 1, 2010
(date of adoption is required)

(no more than 90 days after amendment file date)

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)

☒ 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 SEPTEMBER 30, 2010

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)

LUIS MENES / Annia Menes

(Typed or printed name of person signing)

PRESIDENT / ex-President

(Title of person signing)