P0000059292

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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	ATION:	akas Trans	rance Group, Corp.
	_		1 1
DOCUMENT NUMB	ER:YO	000005929	2
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	oondence concerning this ma	itter to the following:	
-		Name of Contact Person	
-	Lakes In	Surance C Firm/Company	roup, Corp.
_	6001 NW	153rd ST.	Ste. #141
-	<u>Miani Lake</u>		5014
	X1mdi E-mail address: (to be us	350 gmail and seport seed for future/annual report	notification)
For further information	concerning this matter, pleas	se call:	
Ximen	a de Pourlas	at (<u>305</u>) 793-0475
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Depa	rtment 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)
Amen Divisi	ng Address dragnest Section on of Corporations dox 6327	Amendi Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Lakes Insurance Ground	o, com.			
(Name of Corporation as currently filed	with the Florida Dept. of State	<u>e</u>)		
<u> </u>	ີ່ 2			
(Document Number of Corpo	ration (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the	following an	iendme	ent(s) to
A. If amending name, enter the new name of the corporation:				
		The	e new	,
name must be distinguishable and contain the word "corporation," "co". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" of A professional corporation nan	or the abbre	viation	,
B. Enter new principal office address, if applicable:	NA			
(Principal office address MUST BE A STREET ADDRESS)			,	
		<u> </u>	<u>-</u>	
				71
C. Enter new mailing address, if applicable:	ماد	ġ.	37	1
(Mailing address MAY BE A POST OFFICE BOX)	NIH	••		
			_ <u>:</u> :	ري
			0.2	
D. If amending the registered agent and/or registered office address in I new registered agent and/or the new registered office address:	Florida, enter the name of the			
new registered agent and/or the new registered office address:	•			
Name of New Registered Agent	<u> </u>			
(Florida street addre	ess)			
New Registered Office Address:	, Florida_			
(City)		(Zip Code)	i	
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 po	osition.		
NIA				
Signature of New Registere	d 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 Doc 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_ \\	
Add		2 /	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

(Attach additional sheets, if necessary),	(Be specific)
-	
	
	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Λ .
Daglacarle nate a	of issued shares from
Maga Ximena	de Pombo of 50% owned shares to 60%
1d Nidia Maria (garda of 50% owned shares to 40%
_	,
· · · · · · · · · · · · · · · · · · ·	

		. 1 1 -		
The date of each amendment(s) adolate this document was signed.	ption:	10/13/17		_, if other than the
Effective date <u>if applicable</u> :	(no more tha	10 13 17 in 90 days after amendment file	e date)	<u> </u>
Note: If the date inserted in this blo document's effective date on the Depa			ements, this date will r	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. 'cient for approval.	The number of votes east for th	ne amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders to the voting group entitled	through voting groups. The following to vote separately on the ame	llowing statement ndment(s):	
"The number of votes cast for	r the amendment(s) was/	were sufficient for approval		
by		."		
	(voting group)			
☐ The amendment(s) was/were adopt action was not required.	ed by the board of direct	ors without shareholder action	and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators v	without shareholder action and	shareholder	
Dated	10/13/17			
Signature (Pyradic)	Licen	officer – if directors or officers	ha	-
selected,		the hands of a receiver, truste-		
_	Maria Xi	mens de Poub ed name of person signing)	ال	
	(13pea or prime	\ \		
-		tle of person signing)		·
	(111	ac or person aigning)		