P00 0000 73266

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Bacilloco Zilli) (Caroli
(Document Number)
(Becament Namber)
Cartificat Conics Codificates of Status
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:

Office Use Only



700345284667

06/09/20--01001--012 **35.00 RFCEIVED JUN 8 2020

Amend

AUG 2.5 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: JUSTO AUTO IN	SURANCE SERVICES CO	ORP
DOCUMENT NU	MBER: P00000073266		
The enclosed Artica	les of Amendment and fee are si	ibmitted for filing.	
Please return all co	respondence concerning this ma	itter to the following:	
	ODILIA PEGUERO		
		Name of Contact Person	<u></u>
	JUSTO AUTO INSURANCI	E SERVICES CORP	
		Firm/ Company	
	28927 S DIXIE HWY		
		Address	
	HOMESTEAD FL 33033		
	-	City/ State and Zip Cod	е
	OP.CORP@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, plea	se call:at (2442742
Nan	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



2: 1 5

July 23, 2020

ODILIA PEGUERO 28927 S. DIXIE HWY HOMESTEAD, FL 33033

SUBJECT: JUSTO AUTO INSURANCE SERVICES CORP.

Ref. Number: P00000073266

We have received your document for JUSTO AUTO INSURANCE SERVICES CORP. and your check(s) totaling \$35.00. 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.

If the corporation is a **PROFIT** corporation it must be signed 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 620A00013887



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2020

ODILIA PEGUERO 28927 S. DIXIE HWY HOMESTEAD, FL 33033

SUBJECT: JUSTO AUTO INSURANCE SERVICES CORP.

Ref. Number: P00000073266

We have received your document for JUSTO AUTO INSURANCE SERVICES CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 720A00012556

Articles of Amendment to Articles of Incorporation of

JUSTO AUTO INSURANCE SERVICES COF)RP	CC	CES	SERVI	NCF	INSURA:	AUTO	IUSTO.
-----------------------------------	-----	----	-----	-------	-----	---------	------	--------

(<u>Name</u> P00000073266	of Corporation as curre	ntly filed with the Florida Dept. of State	<u>:</u>)	
	(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation;	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the	following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chortered," "professional association.	Corp," "Inc," or "Co".	"company," or "incorporated" or the abo A professional corporation name mus	The new breviation "Corp.," t-contain the word	
B. Enter new principal office address.	if applicable:	28927 S DIXIE HWY		
(Principal office address MUST BE A S		HOMESTEAD FL 33033	23	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		28931 S DIXIE HWY	22 1	
		HOMESTEAD FL 33033	量ご	
			36	
D. If amending the registered agent at new registered agent and/or the new	nd/or registered office ad w registered office addre	dress in Florida, enter the name of the		
Name of New Registered Agent ARIEL CRUZ				
	721 NE 12 ST			
	(Florida .	street address)		
New Registered Office Address:	HOMESTEAD, F		orida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Age	$\widehat{\mathbf{n}}$: r with and accept the obligations of the po		
I hereby accept the appointment as regist	tered agent. I am familib	r with and accept the obligations of the po	osition.	
	Signature of New	Registered Agent, if changing		

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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:

(Ettach 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	ARIEL CRUZ	721 NE 12TH ST
X Add			HOMESTEAD FL 33030
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional (Attach additional sheets, if necessar	y). (Be specific	:)			
			•		
				 .	
					·
					· .
					
		··			-

		.==	-		
	.,.				
7.0					<u> </u>
		741			
lf an amendment provides for an c	exchange, reclass	ification, or can	cellation of issued	I shares,	
provisions for implementing the a	<u>imendment if no</u>	t contained in th	e amendment its	elf:	
(if not applicable, indicate N/A)				
				_	
·- 					
					

•• • •	3.4.17.40001F. 4040	
The date of each amendment(s) ad	MAY 18TH , 2020	22 . 4 4 4
date this document was signed.	option:	, if other than the
•	' 1TH, 2020	
Effective date <u>if applicable</u> :	1111, 2020	
	(no more than 90 days after amendment file date)	1
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
■ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes east for the ame ficient for approval.	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	"	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
	etor, president or other officer – if directors or officers have reby an incorporator – if in the hands of a receiver, trustee, or o	
appointe	d fiduciary by that fiduciary)	
-	Odilia Pequero (Typed or printed name of person signing)	
	President	
_	(Title of person signing)	