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TALLAHASSEE FLORING

S. HAWKES

NOV - 2012

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GEM INSURANCE BUSINESS OFFICE, CORP.	
DOCUMENT NUMBER: P01000060834	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Maria Elvira Gonzalez &/Or Margarita Montañez	
Name of Contact Person	
GEM INSURANCE BUSINESS OFFICE, CORP.	_
Firm/ Company	
7911 NW 72 AVE SUITE 102B Address	_
MEDLEY, FL 33166	
City/ State and Zip Code	
GEM@FDN.COM	
E-mail address: (to be used for future annual report notification)	
·	
For further information concerning this matter, please call:	
Maria Elvira Gonzalez at (305) 642-4484	
Name of Contact Person Area Code & Daytime Telephone Numi	 ber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation



GEM INSURANCE BUSINESS OFFICE, CORP.

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

P01000060834

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

ord "chartered," "professional associat			incorporated" or the abbrev corporation name must conta
. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A ST</u>		N/A	
. Enter new mailing address, if applic	cahle:	N.1.4.A	
(Mailing address MAY BE A POST C		N/A	
(Mailing address MAY BE A POST O	DFFICE BOX) d/or registered office registered office ad	e address in Florida, enter t	
(Mailing address MAY BE A POST C	d/or registered office registered office ad MARIA ELVI	e address in Florida, enter t Idress: RA GONZALEZ &	
(Mailing address MAY BE A POST O	d/or registered office registered office ad MARIA ELVI MARGARIT	e address in Florida, enter t ldress:	
(Mailing address MAY BE A POST Control of Management and Management and Management and Management Agent Agent Management	d/or registered office registered office ad MARIA ELVI MARGARIT	e address in Florida, enter t Idress: RA GONZALEZ & A MONTAÑEZ Ida street address)	

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: 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>	<u>Addres</u> s
1) Change	PT	MARIA ELVIRA GONZALEZ	762 NW 32 PL
X Add			MIAMI, FL 33125
Remove			
2) X Change	<u>V</u>	MARGARITA MONTAÑEZ	762 NW 32 PL
Add			MIAMI, FL 33125
Remove	NO	MORE	CHANGES
3) Change		WORL	CHANGES
Add			
Remove			
4) Change	,,		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment	(s) adoption: 10/26/2012
Effective date <u>if applicable</u> :	10/26/2012
entente date <u>ir applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes by BOTH PAI	RTIES "
	(voting group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Signature(B	26/2012 Whigh E. Dornel Major
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	MARIA ELVIRA GONZALEZ
	(Typed or printed name of person signing)
	MARGARITA MONTAÑEZ

(Title of person signing)