## 01000065951

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SECRETARY OF STATE

AND FILED -1 AM 8: 22

N.C.

## COVER LETTER \*

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: ATB Insurar	nce & Financial Services, Inc.	
DOCUMENT NUMBE	R: <u>P01000065951</u>		
The enclosed Articles of	Amendment and fee a	are submitted for filing.	
Please return all correspo	ondence concerning th	is matter to the following:	
Anthony <sup>-</sup>	Γ Becerra		
	(Name	of Contact Person)	
ATB Ins	urance & Financial	Services, Inc.	
	(Fi	rm/ Company)	
1765 Rus	hden Drive		
	·	(Address)	
Ocoee, Fl	_ 34761		
	(City/ S	tate and Zip Code)	
For further information of	oncerning this matter,	please call:	
Anthony T Becerra		at (321) 303-3435	
(Name of Co	ntact Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the	ne following amount:		
	\$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 Sect Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:

## Articles of Amendment to Articles of Incorporation of

(Name of corporation as currently filed with the Florida Dept. of State)		
P01000065951		
(Document number of corporation (if known)		
to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> following amendment(s) to its Articles of Incorporation:		
RPORATE NAME (if changing):		
Insurance Group, Inc.		
in the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") onal corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")		
MENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) icle Title(s) being amended, added or deleted: (BE SPECIFIC)		
rine(s) being amended, added of defered. ( <u>BE SI Ectivic</u> )		
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41.		
(Attach additional pages if necessary)		
dment provides for exchange, reclassification, or cancellation of issued shares, provision nenting the amendment if not contained in the amendment itself: (if not applicable, indicate N		
dment provides for exchange, reclassification, or cancellation of issued shares, provision	·s	

(continued)

APPROVED

The date of each amendment(s) adoption: 07-30-2007	
Effective date if applicable: 08-01-2007	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	r
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	У
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder acti and shareholder action was not required.	on
The amendment(s) was/were adopted by the incorporators without shareholder action a shareholder action was not required.	nd
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)	
Anthony T Becerra	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

FILING FEE: \$35