P01000112573

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FORTE INSURDOCUMENT NUMBER: P0100011257		AL ASSOCIATES INC.
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this man	tter to the following:	
RADAMES ABRE	ΞU	•
	Name of Contact Person	
FORTE INSURANC	E PROFESSIONA	L ASSOCIATES INC.
	Firm/ Company	
PO BOX 570725		
	Address	
MIAMI, FL. 33257		
	City/ State and Zip Code	
RAD@IAMFORTE.C	OM	
E-mail address: (to be us	ed for future annual report r	notification)
For further information concerning this matter, pleas	e call:	
RADAMES ABREU	at (786	, 242-0665
Name of Contact Person		e & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depar	tment of State:
\$35 Filing Fee \$\times \text{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	Divisior Clifton l 2661 Ex	Address nent Section t of Corporations Building tecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation

FORTE INSURANCE PROFESSIONAL ASSOCIATES INC.

(Name of Corporation as currently filed	with the Florid	a Dept. of State)		
P01000112573				
(Document Number of Cor	rporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	atutes, this <i>Flori</i>	da Profit Corporation ad	lopts the following amendment(s)) to
A. If amending name, enter the new name of the corpo	ration:			
<i>N</i> A			The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	'Inc," or "Co".	A professional corpora		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	NA	A Company of the Comp	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			NOV 16 PHIZ: 32	7
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		n Florida, enter the nar	ne of the	
Name of New Registered Agent ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
	(Florida street ac	ldress)		
New Registered Office Address:NA		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an Signature of New I-	n familiar with i		s of the position.	

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.

<u>PT</u>	John Doe	
<u>v</u>	Mike Jones	
<u>sv</u> .	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
D	Elaine Edwards	3001 W. HALLANDALE BEACH BLVD #302
		HALLANDALE BEACH FL 33009
PT	Radames Abreu	3001 W. HALLANDALE BEACH BLVD #302
-		HALLANDALE BEACH FL 33009
	_	
	_	
	V SV Title	 V Mike Jones SV Sally Smith Title Name D Elaine Edwards

ttach additional sheets, if necessary).	(De specific)	
NA		
	 	
		<u></u>
		
	•	
<u></u>		
an amendment provides for an exch	ange, reclassification, or cancellation of issued sha	res,
rovisions for implementing the amer	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
NA		-
		
		_

The date of each amendment(s) adoption: January 1, 2011
Effective date if applicable: January 1, 2011
(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)
(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
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)
Radames Abreu
(Typed or printed name of person signing)
President - Director
(Title of person signing)