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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Financial Insuranc	e Brokers International, Inc			
DOCUMENT NUMBER: P01000115098					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Michael J Reyes				
		Name of Contact Person	1		
	Financial Insurance Brokers	International, Inc.			
		Firm/ Company			
	PO Box 141516				
	Address				
	Coral Gables, FL 33114				
		City/ State and Zip Cod	e		
mrev	res@fibrokers.com				
- Integ	•	sed for future annual report	notification)		
	D man address. (10 be as	sed for ratare annount report	nonneuron,		
For further informatio	on concerning this matter, pleas	se call:			
Michael Reyes		at (218-6026		
Name	of Contact Person	at (Area Co) de & Daytime Telephone Number		
			·		
Enclosed is a check to	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street	Address		
Am	endment 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 to Articles of Incorporation of

FILED 17 OCT 30 PM 1: 48

Financial Insurance Brokers International. Inc.

(Name of Corporation as currently filed with the Florida Cope afficiency of Francisco (Document Number of Corporation (if known))

(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 its Articles of Incorporation:

its Articles of Incorporation:		
A. If amending name, enter the new na	ame of the corporation:	
		The new
	tain the word "corporation," "company," or lation "Corp," "Inc," or "Co". A professiona tion," or the abbreviation "P.A."	
B. Enter new principal office address,		······································
(Principal office address MUST BE A S	TREET ADDRESS)	
		
C. Enter new mailing address, if apple		
(Mailing address <u>MAY BE A POST</u>	<u></u>	
		
		
D. If amending the registered agent or	id/or registered office address in Florida, ente	e the name of the
new registered agent and/or the new		t the name of the
Name of New Registered Agent	Michael J Reyes	
	5805 Blue Lagoon Drive, Suite 400	
	(Florida street address)	
New Registered Office Address:	Miami	Florida 33126
	(City)	(Vin Code)

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 position.

Signature of New Registered 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 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>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PT/SV	Jose Pedro de Corcho	5035 SW 13 Avenue
Add			Miami, FL 33165
X Remove			
2) Change	PT/SV	Michael J Reyes	5805 Blue Lagoon Drive, Suite 400
X Add			Miami, FL 33126
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
,,,,	
t an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· <u>····································</u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
\rightarrow Dated $10/19/17$	
→ Signature	
(By a director, president or other officer—if directors or officers have not bee selected, by an incorporator—if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	urt
Michael J Reyes	
(Typed or printed name of person signing)	
President	

(Title of person signing)