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Division of Corporations

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PO3000063431

Florida Department of State  
Division of Corporations  
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Florida Dept of State

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October 2, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AMA INSURANCE ADVISORS, INC.  
8900 SW 107 AVE  
SUITE 200  
MIAMI, FL 33134US

SUBJECT: AMA INSURANCE ADVISORS, INC.  
REF: P03000063431

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's 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) 245-6927.

Tracy Smith  
Document Specialist

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DIVISION OF CORPORATIONS

P.O. BOX 6327 - Tallahassee, Florida 32314

(((H06000240598)))

Articles of Amendment  
to  
Articles of Incorporation  
of

AMA INSURANCE ADVISORS, INC.

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

DOC.# P03000063431

(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:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s)  
and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**THE NEW REGISTERED AGENT WILL BE:**

IVENS LAVALASSE

8900 SW 107 AVE., SUITE 200 MIAMI FL 33176

**THE BOARD OF DIRECTOR/OFFICERS WILL BE:**

ARMANDO AMADOR JR. (P)

IVENS LAVALASSE (VP)

ANA AZCUY (S)

8900 SW 107 AVE., SUITE 200 MIAMI FL 33176

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions  
for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

ARMANDO AMADOR JR. 50%

IVENS LAVALASSE 50%

(continued)

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The date of each amendment(s) adoption: 09-29-06Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)Adoption of Amendment(s) **(CHECK ONE)**

- ☒ 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.
- ☐ 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)

- ☐ 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.

Signature



(By a director, president or 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)

ARMANDO AMADOR JR.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

((H06000240598)))

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
REGISTERED AGENT  
IVENS LAVALASSEE