P03000125091

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SECRETARY OF STATE
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		<u> All Insurar</u> 0125 <i>0</i> 91	nce Services #1 Inc
DOCUMENT NUMB	ER: <u>PW3WW</u>	12301	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
- - -	Edwin Pronto A 1643 NE Homestrad	Name of Contact Person I The Vance Firm/ Company Street Address FL 3303 City/ State and Zip Cod	Services #1, Inc.
	E-mail address: (to be us	xivew operations of the second section of the second section of the second seco	ontoins. com notification)
For further information	concerning this matter, pleas	se call:	
Name o	f Contact Person the following amount made	Area Co	de & Daytime Telephone Number
. 1	the following amount made	payable to the Florida Depa	ument of State.
\$35 Filing Fee	□\$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 Section			Address ment Section

Amendment Section Division of Corporations P.O. Bóx 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

PRONTO ALL INSURANCE SERVICES #1 INC

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

P03000125091	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA RESTRICT
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	MA
(Florida str	eet address) / A, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t with and accept the obligations of the position.
	A

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>V</u>		Adriana Larios-Rivero	1643 NE 8th Stree
X Add				Homestead, FL
Remove				33033
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

•	ing or adding additional Articles dditional sheets, if necessary). (1	3e specific)		
		N / 1 / N		
		- V/R		
				
				
- · -				
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		na waalaasifiaatian amaawaali	ation of issued shares.	
. <u>If an ame</u>	endment provides for an exchang	e, reclassification, or cancel	arion of induct print co.	
<u>provisio</u> :	ns for implementing the amenda	nent if not contained in the a	mendment itself:	
<u>provisio</u>	ns for implementing the amendnot of applicable, indicate N/A)	nent if not contained in the a	mendment itself:	
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<u>provisio</u> :	ns for implementing the amendnot of applicable, indicate N/A)	nent if not contained in the a	mendment itself:	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 statuto document's effective date on the Department of State's records.	ry filing requirements, this 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 by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	
by	,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	reholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehol action was not required.	lder action and shareholder
Dated 10/12/15	21
Signature	TUU .
(By a director, president or other officer - if direct	
selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	receiver, trustee, or other court
appointed reduciny by that nationally	
Edwin M	Rivers
(Typed or printed name of pers	son signing)
Presiden	\wedge $+$
(Title of person sig	ning)