

# PO3000150348

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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(((H04000096916 3)))

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**To:**

Division of Corporations  
Fax Number : (850) 205-0380

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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04 MAY -3 PM 5:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

### BASIC AMENDMENT CITICENTER INSURANCE CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

*Amend*  
*mm*  
*5/3/04*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 3, 2004

CITICENTER INSURANCE CORP  
315 E 49 ST  
SUITE C  
HIALEAH, FL 33013US

SUBJECT: CITICENTER INSURANCE CORP  
REF: P03000150348

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

The current name of the entity is as referenced above. Please correct your document accordingly.

There is no period in the name of the corporation.

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

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) 245-6027.

Michelle Milligan  
Document Specialist

FAX Aud. #: H04000096916  
Letter Number: 404A00030009

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

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

(Document number of corporation (if known))

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

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

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

ARTICLE VII:

THE OFFICER(S) AND/OR DIRECTOR(S) OF THE CORPORATION IS/ARE :

(ADD)-TITLE : PRESIDENT

OLDEMAR SANTAMARIA (OWNER-100% SHARES)

4849 EAST 9th ST

H1ALCANI, Flr 33013

(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)

(continued)

Winnipeg

MAY-03-2004 15:21

P.03/04

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 4-28-2004

Effective date if immediate  
(not more than 60 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.

Signed this 28 day of APRIL, 2004

Signature

(By a director, president or other officer - If directors or officers have not been authorized by an incorporator - If in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

OLDENAR SANTAMARIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Handwritten signature