

1840003646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

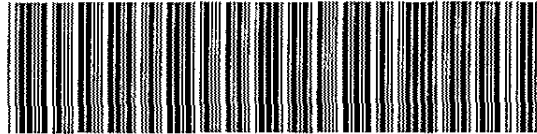
(Document Number)

Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:

Office Use Only



900108478549

08/30/07--01008--015 **43.75

FILED
07 SEP 10 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
SL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2007

DAVID CASTILLO
ALL ALLIANCE INSURANCE III, CORP.
7000 LAKE UDERHILL ROAD
ORLANDO, FL 32807

SUBJECT: ~~ALL ALLIANCE INSURANCE GROUP, III INC.~~
Ref. Number: ~~P04000053435~~

*Please correct See attached
Ref #*

We have received your document for ALL ALLIANCE INSURANCE GROUP, III INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above corporation was Voluntary Dissolved on September 2, 2004, therefore you cannot make any changes to this corporation.

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) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 107A00052862

RECEIVED
2007 SEP 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: All Alliance Insurance III, corp

DOCUMENT NUMBER: P04000136461

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Castillo
(Name of Contact Person)

All Alliance Insurance III, corp
(Firm/ Company)

7000 Lake Underhill Rd.
(Address)

Orlando FL 32822
(City/ State and Zip Code)

For further information concerning this matter, please call:

David Castillo at (407) 281-4141
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

All Alliance Insurance III, Corp.
(Name of corporation as currently filed with the Florida Dept. of State)

P04000136461
(Document number of corporation (if known))

FILED
07 SEP 10 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)**

Please add: David Castillo as Vice President & Director

(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)

The date of each amendment(s) adoption: 9/1/07

Effective date if applicable: 9/1/07
(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

Elizabeth Creitoff

(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)

Elizabeth Creitoff

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35