

P05000066506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

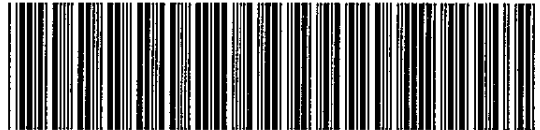
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Edwards as Sec. also.



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10/10/05--01035--013 **35.00

05 NOV -9 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Amend
Sf

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: END INSURANCE AGENCY INC.

DOCUMENT NUMBER: P05000066506

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

Please return all correspondence concerning this matter to the following:

MARIA M Nodarse
(Name of Contact Person)

(Firm/ Company)

2609 Forest Hill Blvd., STE 240A
(Address)

West Palm Beach, FL 33405
(City/ State and Zip Code)

For further information concerning this matter, please call:

MARIA M Nodarse at (561) 963-2769
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 18, 2005

Maria M. Nodarse
2669 Forst Hill Blvd., Ste. 240-A
West Palm Beach, FL 33405

SUBJECT: END INSURANCE AGENCY INC
Ref. Number: P05000066506

We have received your document for END INSURANCE AGENCY INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 905A00063361

RECEIVED
05 NOV -9 AM 8:00
DIVISION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

FILED

05 NOV -9 AM 9:17

END INSURANCE AGENCY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P05000066506

(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):

MARIA M. NODARSE Insurance Agency Inc.

(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)**

ARTICLE V - EDUARDO NODARSE - DELETED

MARIA M NODARSE - ADDED (SAME ADDRESS)

VI - EDUARDO NODARSE - DELETED

MARIA M NODARSE - ADDED

VII - EDUARDO NODARSE - P, S - DELETED

MARIA M. Nodarse - P - ADDED

I hereby am furnished with and accept the duties and responsibilities as registered agent for END INSURANCE Ag. (new name Maria M. Nodarse Ins. Agcy. Inc.) Maria M. Nodarse.
(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: 10/5/05

Effective date if applicable: 10/5/05
(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 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)

EDUARDO NODARSE

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILING FEE: \$35