

05000070305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

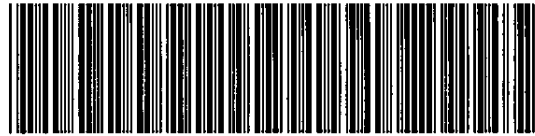
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600074248686

05/17/06--01013--009 **35.00

Amend

RECEIVED
06 MAY 17 AM 10:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
06 MAY 17 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/17/06

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Florida Fair Claims, Inc. PO5000070305
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
FLORIDA FAIR CLAIMS, INC.**

FILED

06 MAY 17 PM 3:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Article VI: Name, title and mailing address of officers/directors of this corporation is amended as follows:

<u>NAME</u>	<u>TITLE</u>	<u>MAILING ADDRESS</u>
ELMO BARRERA	P/D	10861 Biscayne Blvd Ste.1502, Aventura, Fl 33160
ELIZABETH BARRERA	S/D	10861 Biscayne Blvd Ste.1502, Aventura, Fl 33160

SECOND: IF an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 17 May, 2006

FOURTH: Adoption of Amendment(s) (check one)

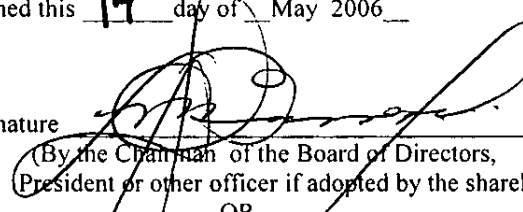
☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was /were sufficient for approval.

- ☐ 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 _____.

- ☐ 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.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 17 day of May 2006.

- ☐ Signature 
☐ (By the Chairman of the Board of Directors,
☐ President or other officer if adopted by the shareholders)
☐ OR
☐ (By a director if adopted by the directors)
☐ OR
☐ (By an incorporators if adopted by the incorporators)

Elmo Barrera

Typed or printed name

Title

PRESIDENT