

Nov 18 08 05:22p

S.C.L.

3056421010

p.1

Division of Corporations

Page 1 of 1

705000070305

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000259057 3)))



H080002590573ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : SERVICIOS COMUNITARIOS LATINOS INC  
Account Number : I20080000080  
Phone : (305) 642-1090  
Fax Number : (305) 642-1010

FILED  
2008 NOV 19 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**FLORIDA FAIR CLAIMS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

TB 11-19-08

H080002590573

Articles of Amendment  
to  
Articles of Incorporation  
of

FLORIDA FAIR CLAIMS, INC.

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

P05000070305

(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:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

13899 BISCAYNE BLVD. #318

N. MIAMI BEACH FL 33181

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

13899 BISCAYNE BLVD. #318

N. MIAMI BEACH FL 33181

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

ELIZABETH ROSERO CASTRO

New Registered Office Address:

18061 BISCAYNE BLVD. #1502

(Florida street address)

AVENTURA

(City)

Florida 33160

(Zip Code)

**New Registered Agent's Signature. If changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

FILED  
NOV 19 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H080002590573

Nov 18 08 05:22p

SCL

3058421010

p3

4080002590573

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	ROSE RO CASTRO, ELIZABETH	13899 BISCAYNE BLVD. #318 N. MIAMI BEACH FL 3318 AVENTURA FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

4080002590573

H080002590573

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	BARRERA, ELMO	10861 BISCAYNE BLVD STE 1502 AVENTURA, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	BARRERA, ELIZABETH	13899 BISCAYNE BLVD, #318 N. MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	BARRERA, EVELYN	10861 BISCAYNE BLVD STE 1502 AVENTURA, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

NONE

F. 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:  
(if not applicable, indicate N/A)

N/A

E.B. ERC

H080002590573

H080002590573

The date of each amendment(s) adoption: 11/18/2008Effective date if applicable: 11/18/2008

(no more than 90 days after amendment file date)

## Adoption of Amendment(s)

## (CHECK ONE)

☐ The amendment(s) was/were adopted 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.

Dated 11/18/2008

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)

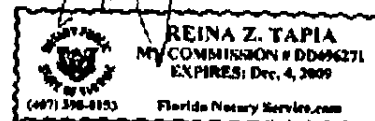
ELMO BARRERA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Page 3 of 3



H080002590573