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2022 JAN 13 PM 12: 11 SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

TI NAME OF CORPORATION:	he P & P Insuran	ce Agency, Inc.		
	0112478			
	1.6	1 :- 15 CV		
The enclosed Articles of Amendme		-		
Please return all correspondence co	oncerning this m	atter to the following:		
Haily Ponce	Liriano			
		Name of Contact Perso	n	
14619 SW 5	6 Street	Firm/ Company		
Miami, Flori	da 33175	Address		
	-	City/ State and Zip Cod	le	
hponcebs@g	mail.com			
E-mail	address: (to be u	sed for future annual report	t notification)	
For further information concerning	this matter, plea	se call:		
Haily Ponce Liriano		786 at (	306-2226	
Name of Contact Pe	rson		de & Daytime Telephone Number	
Enclosed is a check for the following	ig amount made	payable to the Florida Dep	artment of State:	
	5 Filing Fee & icate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

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The P & P Insurance Agency, Inc.			2022 JAN 1.3 PM 12: 1.1
( <u>Name</u>	of Corporation as currently	filed with the Florida Dept. of	State)
P05000112478			SECRETARY OF STATE
	(Document Number of 0	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this Fl	lorida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new r	name of the corporation:		
			The new
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp." "Inc," or "Co". A	mpany," or "incorporated" or the professional corporation name	he abbreviation "Corp.,"
B. Enter new principal office address (Principal office address MUST BE A S			<del> </del>
C. Enter new mailing address, if app (Mailing address MAY BE A POST	OFFICE BOX)		
D. If amending the registered agent as new registered agent and/or the ne		ss in Florida, enter the name of	<u>f the</u>
new registered agent and/or the ne	Haily Ponce Liriano		
Name of New Registered Agent	14619 SW 56 Street		
	<u></u> .		
	(Florida street Miami	address)	33175
New Registered Office Address:		, Flo	
	(C	iŋ)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar wit.		he position.
	Signature of New Regi	stered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Add

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>PT</u> John Doe X Change X Remove V Mike Jones  $\underline{X}$  Add <u>SV</u> Sally Smith Address Type of Action Name 1 Title (Check One) 14619 SW 56 Street PDLeonor E Perez 1) \_\_\_\_ Change Miami, Florida 33175 \_\_\_\_ Remove 14619 SW 56 Street PD Haily Ponce Liriano 2) \_\_\_\_ Change Miami, Florida 33175 \_\_\_\_ Add \_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_ Add \_\_ Remove 4) \_\_\_\_ Change \_\_ Add \_\_ Remove 51 \_\_\_\_ Change  $\_$  Add Remove 6) \_\_\_\_ Change

(Attach <i>addi</i>	g or adding additional Arti tional sheets, if necessary).	(Be specific)			
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		<del>.</del>			
					-
			<del></del>		
lf an ameno	ment provides for an exch	ange, reclassificat	tion, or cancellation	on of issued shar	es,
provisions	for implementing the ame	ndment if not con-	tained in the ame	ndment itself:	
(if not	ipplicable, indicate N/A)				
		<del></del> .			
	<del></del>	<del></del>			

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4	01/10/2022	
The date of each amendment(s) adopt	ion:	, if other than the
late this document was signed 01/10/20	22	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for ent for approval.	the amendment(s)
	d by the shareholders through voting groups. The f i voting group entitled to vote separately on the ame	
"The number of votes cast for t	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
selected, by appointed fi	r, president or other officer – if directors or officers an incorporator – if in the hands of a receiver, trusteduciary by that fiduciary)	ce, or other court
	(Typed or printed name of person signing)	
Z	resident	
	(Title of person signing)	<del>-</del>