P05000113650

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2022 APR 25 AM 7: 20 SECRETARY OF STATE

A. BUTLER JUN 13 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SUPRA INSURAN	ICE AT WEST KENDALI	_ INC	
	1BER: P05000113650			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corn	espondence concerning this ma	tter to the following:		
	ERNESTO A BARROS			
		Name of Contact Person	1	
	SUPRA INSURANCE AT WEST KENDALL INC			
	Firm/ Company			
	10890 NW 17 ST UNIT 115	Time company		
	1	Address		
	MIAMI/FL 33172			
		City/ State and Zip Cod-	e	
	ernesto@suprainsurance.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informate	ion concerning this matter, pleas		9927193	
	of Contact Person	at (305	de & Daytime Telephone Number	
	for the following amount made			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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)	
At Di P.	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FILED

SUPRA INSURANCE AT WEST KENDALL INC	ently filed with the Florida Dept. of State) 2022 APR 25 AM 7: 20
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P05000113650	SECRETARY OF STATE TALLAHASSEE, FL
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>u</u>
SUPRA INSURANCE INC	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amonding the registered areast and/our registered office	address in Florida accessing to the
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office adds	
Name of New Registered Agent N/A	
(Floride	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	vent:
I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w Registered 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)

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add		-	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			
KUHOVU			

1	or adding additional onal sheets, if necessar	ry). (Be specific)			
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ICd.		t		6	
provisions f	ment provides for an for implementing the	amendment if not co	ation, or cancellation	<u>n of issued snares,</u> idment itself:	
(if not a	pplicable, indicate N/2	1)			
\					
		•		 	
 -			 		
					
					

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the a fficient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
04/22/2022 Dated	12	
(By a di	rector, president or other officer – if directors or officers hav l, by an incorporator – if in the hands of a receiver, trustee, o ed fiduciary by that fiduciary)	
	ERNESTO A BARROS	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	