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COVER LETTER

TO: Amendment Section Division of Corporations

• •

NAME OF CORPOR	ATION: Assurance Group ()f America, Inc.				
DOCUMENT NUMB						
The enclosed Articles of	f Amendment and fee are su	bmitted for tiling.				
Please return all corresp	ondence concerning this ma	tter to the following:				
		Yohama Lopez				
-		Name of Contact Persor	· · · · · · · · · · · · · · · · · · ·			
	As	surance Group Of America.	Inc			
-	Firm/ Company					
	1631 NW SAINT LUCIE WEST BLVD STE 101					
-	Address					
	1	PORT ST LUCIE, FL 3498	ti -			
-		City/State and Zip Code	:			
	yoh	amata agoainc.com				
-	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Yohama Lopez		305 at (200-5065 			
Name o	l'Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep:	artment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy			

enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

		<u> </u>	En
(<u>Name of Corporat</u>	ion as currently filed with the		
		2024 FEB 28	AM 10. 02
(Docu	ment Number of Corporation (if	known)	
Pursuant to the provisions of section 607,1006, Florid is Articles of Incorporation;	a Statutes, this <i>Florida Profit Co</i>	orporation adopts the following	ing ameridaneaus)
If amending name, enter the new name of the c	orporation:		
			The new
ame must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp." "Inc. "chartered." "professional association." or the abbr	" or "Co" . A professional co		
3. Enter new principal office address, if applicable			
Principal office address <u>MUST_BE A STREET AD</u>	<u>DRESS</u>)		
. Enter new mailing address, if applicable:			
(Muiling address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		
		<u></u>	
 If amending the registered agent and/or registered new registered agent and/or the new registered 		nter the name of the	
new registered agent and/or the new registered	unice address,		
Name of New Registered Agem			_
	(Florida street address)	**********	
New Registered Office Address;		Florida	
	(City)	(Zip	Coder
New Registered Agent's Signature, if changing Reg		La Litta de la data de las	
hereby accept the appointment as registered agent.	r am jamuar with and accept th	iz obligations of the position	

Signature of New Registered Agent, if changing

Check if applicable

· · ·

□ The ameadment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	\underline{V}	<u>Mike Jones</u>	
<u>X</u> Add	<u>8V</u>	Sally Smith	
<u>Lype of Action</u> (Check One)	<u>l'itle</u>	Name	Address
1) Change	VP	Germaine Escobar	1631 NW SAINT LUCIE WEST B
Add			PORT ST LUCIE, FL 34986
Remove			·
2) Change			
Add			
Remove			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E.	If amending	or adding	additional	Articles,	enter	change(s) h	iere:

(Attach additional sheets, if necessary). (Be specific)

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_____ ____ _____ _____ _____ _ __ ___ ____ _____ ____ _____ _____ _ . ___ F. <u>If an amendment provides for an exchange, reclassification, or cancellation of issued shares,</u> provisions for implementing the amendment if not contained in the amendment itself: (if : ot applicable, indicate NA) ____ _____ _____ _____ ---- _____

			02/14/2024	
	of each amendment(s) ac	loption:		, if other than the
date this o	document was signed.			
Effective	date <u>if applicable</u> :	02	14 2024	
	<u></u>	(no more that	190 days after amendment file date)	······································
	the date inserted in this b t's effective date on the De			is, this date will not be listed as the
Adoption	of Amendment(s)	(<u>CHECK ONE</u>)		
	mendment(s) was/were ado was not required.	pted by the incorporators.	or board of directors without shareho	older action and shareholder
	mendment(s) was/were ado e shareholders was/were su		The number of votes cas: for the amo	endment(s)
			hrough voting groups. The followin to vote separately on the amendmen	
	"The number of votes east	for the amendment(s) was?	were sufficient for approval	
	by			
	· · ·	tvoting group		
	Dated Signature (By s.di selected	274/2024 Lithanna rector, president or other for the an incorporator - if in colliduciary by that foucie	The hard of a receiver, trustee, or o ry)	

Yohama Lopez

President

(Typed or printed name of person signing)

(Title of person signing)