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OCT 29 2013

A. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: WSURANCE HELP USA, INC				
DOCUMENT NUMBER: P06000104059				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
HASAN MEHED! Name of Contact Person				
Name of Contact Person INSURANCE HAP USA, INC				
4418 FOREST HILL BLVD				
WEST PAIN BEACH, PL 33406				
City/ State and Zip Code				
8537747@ &MAIL. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
HASAN MEHED! at (786) 853-7747 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

				•
•	Articles of Amendment		FILED	
A	to Articles of Incorporation	13		
<i>)</i> '	of	1.	OCT 21 PH	1:31
INSURANCE HE	P USA,	/NEC	RETARY OF ST	ATE
(Name of Corporation as currently fil	ed with the Florida Dept	. of State)	unassee, FLO	ŔĺŪĄ
P0600018	04059			•
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Proj	<i>fit Corporation</i> ad	opts the following	amendment(s) to
A. If amending name, enter the new name of the co	rporation:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered." "professional association," or the d	" "Inc," or "Co". A pro			
B. Enter new principal office address, if applicables (Principal office address <u>MUST BE A STREET ADD</u>				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>)			
•				
	 			
D. If amending the registered agent and/or register		da, enter the nam	e of the	
new registered agent and/or the new registered		- 1		
Name of New Registered Agent HAS	AN MEHE	D1		
4418	TOREST HI	LL BLVD		
	(Florida street address)		-0.1.4	
New Registered Office Address: WEST	PAIM BEAU	<u>H</u> . Florida_	33406	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regi	istered Agent:	•		
I hereby accept the appointment as registered agent.		ept the obligations	of the position.	
Hd	ian Stated	•		
Signature of Ne	w Registered Agent, if cha	nging		

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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
Change Add Remove	PRES	SHERMEEN FERDOU	15 4418 FOREST HILL BLY WEST PALM BEAUL, PL 33406
2) Change	<u>P</u>	HASAN MEHEDI	4418 FOREST HILL BLVD WEST PARM BEACH
Remove 3) Change Add			FL 33406
Remove 4) Change Add			
Change Add			
Remove 6) Change Add			
Remove			

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	78
	

The date of each amendment(s) adoption:(09/0	1/2013	, if other than the
date this document was signed.			
Effective date if applicable:	9/01	12013	
	(rlo more that	n 90 days after amendment file date)	
•			
Adoption of Amendment(s) (CH	ECK ONE)		
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. Tapproval.	The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the must be separately provided for each voting		through voting groups. The following statement to vote separately on the amendment(s):	
"The number of votes east for the amen	ndment(s) was/v	were sufficient for approval	
by			
(vot	ing group)		
The amendment(s) was/were adopted by the action was not required.	board of directo	tors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators w	without shareholder action and shareholder	
Dated 09/01/	2013	<u></u>	
Signature	in Af	teledi.	
		officer – if directors or officers have not been	
selected, by an inco appointed fiduciary		n the hands of a receiver, trustee, or other court	
· · ·	, ·	MEHED!	
	(Typed o	or printed name of person signing)	
	DIRECT	TOR	
		(Title of person signing)	·