

PD6000123639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

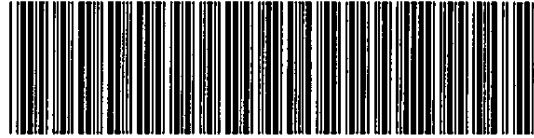
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100081015281

10/23/06--01027--005 \*\*35.00

FILED  
06 NOV - 8 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

David  
11-8-06



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2006

ELIAS OHAN  
10803 SW 40 ST  
MIAMI, FL 33165

SUBJECT: SMART CHOICE INSURANCE INC.  
Ref. Number: P06000123639

We have received your document for SMART CHOICE INSURANCE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Document Specialist

Letter Number: 006A00064197

*Fill out with corporate  
List only who is to be off + dir  
Return  
305-772  
8810-*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Smart Choice Insurance Inc

DOCUMENT NUMBER: PO 6000123639

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elias J Ohan

(Name of Contact Person)

(Firm/ Company)

10803 SW 40 ST

(Address)

Miami FL 33165

(City/ State and Zip Code)

For further information concerning this matter, please call:

Elias J Ohan

(Name of Contact Person)

at (305) 772-8810

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Smart Choice Insurance Inc

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

PO 6000123634

(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:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Current President of Smart Choice Insurance  
Inc, Elias Ohan 10803 SW 40ST  
Miami FL 33165 305 - 772- 8810

FILED  
06 NOV -8 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 11/3/06

Effective date if applicable: 10/1/2006

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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.

Signature

Elias Dhan  
(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)

Elias Dhan

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**