P07000022260

| (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: | | | | |
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A. BUTLER
JUL 28 2022



COVER LETTER

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TO: Amendment Section

Division of Corporations

| NAME OF CORPO | ORATION: Absolute Insurance | e, Inc. | | | | |
|------------------------|---|--|--|--|--|--|
| DOCUMENT NUM | 007000077360 | | | | | |
| The enclosed Article | s of Amendment and fee are su | ibmitted for filing. | | | | |
| Please return all corr | espondence concerning this ma | atter to the following: | | | | |
| | Miika J Makila | | | | | |
| | Name of Contact Person | | | | | |
| | Absolute Insurance, Inc. | | | | | |
| | Firm/ Company | | | | | |
| | 521 Lake Ave Ste 11 | | | | | |
| | | Address | | | | |
| | Lake Worth, FL 33460 | | | | | |
| | | City/ State and Zip Code | | | | |
| | miika@absinsinc.com | | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | | |
| For further informati | on concerning this matter, pleas | se call: | | | | |
| Miika J Makila | | 561 | _) <u>586-9192</u> | | | |
| Name | of Contact Person | | de & Daytime Telephone Number | | | |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | artment of State: | | | |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Mailing Address | | | Address | | | |
| | nendment Section vision of Corporations | Amendment Section Division of Corporations | | | | |
| | D. Box 6327 | The Centre of Tallahassee | | | | |
| | lahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | | |
| | | | ssee, FL 32303 | | | |

Articles of Amendment to Articles of Incorporation of

FILED

| Absolute Insurance, Inc. | 2000 | |
|---|--|-----------------------------|
| (Nama at Compandia | | 1 10. m = |
| | on as currently filed with the Florida Dept. of State) AF | 110: 52 |
| 07000022260 | SECRETARY OF PARTY OF TALL STREET, SECRETARY | STATE |
| (Docume | nent Number of Corporation (if known) | E.F. |
| ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following an | nendment(|
| . If amending name, enter the new name of the con | rporation: | |
| ame must be distinguishable and contain the word "con Inc.," or Co.," or the designation "Corp," "Inc." chartered," "professional association," or the abbrev | rporation," "company," or "incorporated" or the abbreviation "(or "Co". A professional corporation name must contain th | e new Corp.,'' e word |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u> | | |
| | | |
| | | |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | <u>Y</u>) | |
| | | |
| . If amending the registered agent and/or registere new registered agent and/or the new registered o | ed office address in Florida, enter the name of the office address: | |
| new registered agent and/or the new registered o | | |
| | | |
| | | |
| | (Florida street address) | |
| | | |

Charle if applicable

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 Do | <u>oe</u> | |
|----------------------------|--------------|----------|----------------|----------------------|
| X Remove | <u>V</u> | Mike Jo | <u>ones</u> | |
| X Add | <u>\$V</u> | Sally Şı | mith_ | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | <u>s</u> | | Makila P Sanna | 521 Lake Ave Ste 11 |
| Add | | | | Lake Worth, FL 33460 |
| X Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | . |
| Remove 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| δ) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| | or adding addition on al sheets, if neces. | sary). (Be spe | ecific) | | | |
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| _ | ent provides for a | <u>n exchange, re</u> c | <u>classification, or</u> | <u>cancellation of </u> | issued shares, | |
| f an amendm | | e amendment i | <u>if not contained</u> | <u>in the amendme</u> | ent itself: | |
| <u>provisions fo</u> | <u>r implementing t</u> h | t a | | - | | |
| <u>provisions fo</u> | r implementing the plicable, indicate N | VA) | | | | |
| <u>provisions fo</u> | <u>r implementing t</u> h | VA) | | | | |
| <u>provisions fo</u> | <u>r implementing t</u> h | VA) | | | | |
| <u>provisions fo</u> | <u>r implementing t</u> h | VA) | | | | |
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| f an amendm provisions fo (if not app | <u>r implementing t</u> h | //A) | | | | |
| <u>provisions fo</u> | <u>r implementing t</u> h | V/A) | | | | |
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| <u>provisions fo</u> | <u>r implementing t</u> h | //A) | | | | |

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| | 07/28/2022 | |
|---|--|----------------------|
| The date of each a date this document | amendment(s) adoption: | _, if other than the |
| date this document | 07/28/2022 | |
| Effective date if a | 1/ 11 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date is document's effective | inserted in this block does not meet the applicable statutory filing requirements, this date will rive date on the Department of State's records. | ot be listed as the |
| Adoption of Amen | ndment(s) (CHECK ONE) | |
| The amendment action was not re | t(s) was/were adopted by the incorporators, or board of directors without shareholder action and sl required. | nareholder |
| ☐ The amendment by the sharehold | t(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ders was/were sufficient for approval. | |
| ☐ The amendment must be separat | t(s) was/were approved by the shareholders through voting groups. The following statement stely provided for each voting group entitled to vote separately on the amendment(s): | |
| "The numb | ber of votes cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| D | 07/28/2022 Dated | |
| S | Signature | |
| | (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) | |
| | Miika J makila | |
| | (Typed or printed name of person signing) | |
| | President, Director | |
| | (Title of person signing) | |