

P07000104600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

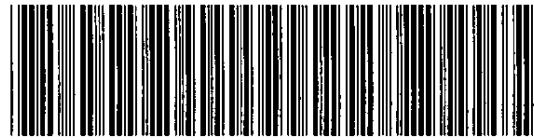
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amud 9/19/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Floridian Insurance Company

DOCUMENT NUMBER: P07000104600

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

Please return all correspondence concerning this matter to the following:

Michael Nunez
(Name of Contact Person)

Floridian Insurance Company
(Firm/ Company)

2655 Le Jeune Road Suite#538
(Address)

Coral Gables, FL 33134
(City/ State and Zip Code)

For further information concerning this matter, please call:

Michael Nunez at (305) 926-5900
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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**

Floridian Insurance Co.

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

P07000104600

(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)

The Corporation Principal & Mailing address needs to be changed to:

2655 Le Jeune Rd Suite# 538 Coral Gables, FL 33134.

Also, we need to change the address for the Registered Agent to:

2655 Le Jeune Rd Suite# 538 Coral Gables, FL 33134. And we need to add an officer to the company. He is the Vice-President and his name is Nelson Avendano.

His address should also be 2655 Le Jeune Rd #538 Coral Gables, FL 33134.

Also, please add the FEI# 06-1831068 for

Floridian Insurance Co.

(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)

N/A

(continued)

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The date of each amendment(s) adoption: 08/29/08

Effective date if applicable: 08/29/08
(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 
(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)

Michael Nunez
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35