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SEORETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Steve Botkin Insura	ance Agency, INc						
DOCUMENT NUMBER: P07000107255								
The enclosed Article	s of Amendment and fee are su	bmitted for filing.						
Please return all corr	espondence concerning this ma	tter to the following:						
	Steve Botkin							
	Name of Contact Person							
	Steve Botkin Insurance Agency, Inc							
	Firm/ Company							
	3038 N Federal Highway #A							
	Address							
	Ft Lauderdale, Fl 33306							
	City/ State and Zip Code							
	steve@stevebotkin.net							
	E-mail address: (to be us	ed for future annual report	notification)					
For further informati	on concerning this matter, pleas	se call:						
Sara Botkin		954 at (537-3333					
Sara Botkin at (954) 537-3333 Name of Contact Person Area Code & Daytime Telephone Nu								
Enclosed is a check (or the following amount made	payable to the Florida Depa	artment of State:					
S35 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 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cu	urrently filed with the	Florida Dept. of State)	
<u> </u>				
(Document Nu	mber of Corporation (it	`known)		
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit C</i>	Corporation adopts the f	ollowing amen	dment(s
A. If amending name, enter the new name of the corporat	tion:			
			The	new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional c			
B. Enter new principal office address, if applicable:				_
Principal office address MUST BE A STREET ADDRESS				
				_
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				_
		<u></u> .		
 If amending the registered agent and/or registered office new registered agent and/or the new registered office a 		enter the name of the	10	~ 7
			7. 03%	2023 APR 12 PM 1: 44
Name of New Registered Agent				AΡ
			<u></u>	7 0
(Flo	orida street address)		AS 43	2
New Registered Office Address:		, Florida_		_
	(City)		REDAKKI OF STA	
			T. ATR	4
	Agent:		,.,	

Signature of New Registered Agent, if changing

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.

X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	v	Sara D Botkin	3038 N Federal Hwy #A
xx Add	•	-	Ft Lauderdale, Fl 33306
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			<u></u>
4) Change			SEORLTI FALLA
Add			
Remove			Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5) Change			OF SIE, FI
Add			STATE F. FL
Remove			
6) Change		_	
Add			
Remove			

The date of each amendment(s) a	doption:3 - 3.0 - 2.3	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amer ufficient for approval.	ndment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	statement (s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
3/23/2023 Dated Signature	frector, president or other officer – if directors or officers have no	ot been
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or ot	
арроп	nted fiduciary by that fiduciary)	
	R. Stephen Botkin, Jr	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

2023 APR 12 PH 1: 44 SECRETARY OF STATE TALLAHASSEE, FL