

P08000000880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

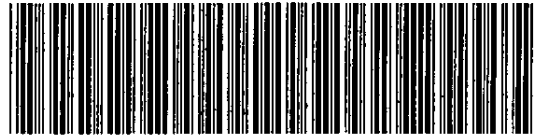
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

06/17/08--01003--027 **43.75

FILED
2008 JUN 27 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AJR
6/19/08

X 00789, 00615, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Best Insurance Group of Florida

DOCUMENT NUMBER: PO8000000880

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

Please return all correspondence concerning this matter to the following:

Adria Llanes

(Name of Contact Person)

Best Insurance Group of Florida

(Firm/ Company)

3053 NW 82 Ave

(Address)

Miami, FL 33122

(City/ State and Zip Code)

For further information concerning this matter, please call:

Adria Llanes

(Name of Contact Person)

at (305) 470 9407

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2008

Adria Llanes
Best Insurance Group of Florida
3053 NW 82 Ave.
Miami, FL 33122

SUBJECT: BEST INSURANCE GROUP OF FLORIDA INC
Ref. Number: P08000000880

We have received your document for BEST INSURANCE GROUP OF FLORIDA INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 808A00037252

RECEIVED

2008 JUN 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/27/08: See attached Letter

Articles of Amendment
to
Articles of Incorporation
of

FILED

2008 JUN 27 AM 11:04

Best Insurance Group of

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FLORIDA INC

PO8000000880

(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)**

① Article I- Register Agent (Amended)
the new name and Florida street address
of the new registered agent is:
Adria Llores

3053 NW 82 Ave, Miami, FL 33122

② Article VII- Officer (Deleted)
Please delete: Eduardo Giraldo, Title: VPD
8851 NW 119th St, Apt 2223
Maleah Gardens, FL 33018

(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)

The date of each amendment(s) adoption: 05/16/2008

Effective date if applicable: 05/16/2008
(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)

Rafael Avila

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35

June 24, 2008

To: Florida Department of States

From: Best Insurance Group

2053 NW 82 AVE

Miami, FL 33122

FILED
2008 JUN 27 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please this letter to serve as a written acceptance by the new registered agent, Adria Llanes, accepting the duties and responsibilities as registered agent for Best Insurance Group Of Florida.

If you have any question you can contact me on the phone number below.

Thanks



Adria Llanes

Registered Agent

305-470-9402