(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: KATHERINE BAI	USTERT INSURANCE, IN	NC.
	MBER:		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	KATHERINE BAUSTERT		
		Name of Contact Person	1
		Firm/ Company	
	2219 COUNTY ROAD 220.	STE. 301	
		Address	
	MIDDLEBURG, FL 32068		
		City/ State and Zip Cod	2
	KSERAHB10123@GMAIL.		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
KATHERINE BAU	JSTERT	at (962-6741
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
i \$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)
A D P	Iailing Address mendment Section livision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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ATHERINE BAUSTERT INSURANCE, INC.			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		:: :: :
08000002730		7	<u>-1</u>
	of Corporation (if known)	<u></u>	این اثن
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the folio	wing ame	ndment(
. If amending name, enter the new name of the corporation:			
ATHERINE BAUSTERT INSURANCE AGENCY, INC.		The	new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	iation "Co ntain the	orp.," word
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>N/A</u>		
. Enter new mailing address, if applicable:	N//		
(Mailing address MAY BE A POST OFFICE BOX)	N/A		
. If amending the registered agent and/or registered office admew registered agent and/or the new registered office address			
Name of New Registered Agent N/A		_	
(Florida s	treet address)		
	, Florida		
New Registered Office Address:		Zip Code)	

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>e</u>		
X Remove	<u>v</u>	Mike Joi			
X Add	<u>sv</u>	Sally Sn	<u>iiui</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_	N/A		
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add		_			
Remove					

E. If amen (Attach a	ding or adding	<u>g additional Art</u> ts, if necessary).	icles, enter chan (Be specific)	ge(s) here:			
N/A							
						<u> </u>	<u> </u>
		<u>.</u>					
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		-	-		<u> </u>		
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F. If an an	nendment prov	vides for an excl	nange, reclassific	cation, or can	cellation of issu	ied shares,	
provisi	ions for impler not applicable,	nenting the ame	endment if not co	ontained in th	<u>e amendment i</u>	tself:	
N/A	пот аррисаоте,	inaicale N/A)					
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The date of each amendment	s) adoption:	, it	f other than th
date this document was signed.			
	JUNE 7, 2024		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		***
Note: If the date inserted in the document's effective date on the	nis block does not meet the applicable statutory filing requirements, this date to Department of State's records.	will not	be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action	and shar	eholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.		
☐ The amendment(s) was/wer must be separately provided	c approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	<u>}</u>	2024
	cast for the amendment(s) was/were sufficient for approval	4. 7.	2024 Just 14 Ga 7:
by		; <u>c</u>	=
	(voting group)		<u> </u>
IUM	E 7, 2024	<u>:::</u> ;	!
Dated		<u>1</u> 4.	ထ
Signature	Wheline Baustert		()
((B :	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
	KATHERINE BAUSTERT		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

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