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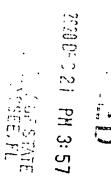
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	ATION: 15+ (Capital In	surance Inc.
DOCUMENT NUMB	ER:	<u> </u>	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
		Gny Vacc	1,'
-		Name of Contact Person	1
		1st Capital In	surance The
-		Firm/ Company	
_	2515 N.	State Rd 7	# 213
	Mo	Address 115 ate FC	33063
_		City/ State and Zip Cod	# 213 33063 Gurunce Ogmail.com
_		sed for future annual report	
For further information	concerning this matter, please	se call:	
Gu	y Vardi	at (8/3	de & Daytime Telephone Number
Name o	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:
□ \$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)
Maili	ing Address	Street	Address
	ndment Section		Iment Section
Divis	ion of Corporations	Divisio	on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to
Articles of Incorporation

of

25+ Capital Insurance, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
208000010718
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the registered agent and/or the new registered office address:
Name of New Registered Agent 8307 NW 50 nd PL (Florida street address) New Registered Office Address: (City) Name of New Registered Agent 8307 NW 50 nd PL (Florida street address) (Florida street address) (City) (City) (City)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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> <u>John</u>	<u> 1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Tara Valentine	6480 NW 56th Dr
Add			Coral Spring FL
Remove		8	33067
2) Change		·	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
) Change			
Add			
Remove			_

tach additional sheets, if necessary).	(Be specific)
NA	
	· ·
· · · · · · · · · · · · · · · · · · ·	
in amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
.,	
N/JA	
•	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90) days after an	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gr must be separately provided for each voting group entitled to vote separately	· · · · · · · · · · · · · · · · · · ·
"The number of votes cast for the amendment(s) was/were sufficient for	r approval
by Gny Vin d: 1901, Shure holder (voting group)	``
Dated 12/16/2020	
Signature 92 MM	
(By a director, president or other officer – if director	s or officers have not been
selected, by an incorporator - if in the hands of a re	ceiver, trustee, or other court
appointed fiduciary by that fiduciary)	
(Typed or printed name of person	urd;
(Typed or printed name of person	ı signing)
President	<i>t</i>
(Title of person signing)	