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	(Requestor's Name)
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	PICK-UP WAIT MAIL
	(Business Entity Name)
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	vay-Schmidt	Ins. Agenc
DOCUMENT NUMBER: P08000	0041478	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Grise Mame of C	Contact Person)	
Galloway	Company)	ns. Agency
2097 SU	W 67 Ave.	
Miami (City/ State	F1. 33155 and Zip Code)	
For further information concerning this matter, ple	ease call:	
Grisel McKernan (Name of Contact Person)	at (<u>305</u>) <u>338-1</u> (Area Code & Daytime Tel	184 ephone Number)
Enclosed is a check for the following amount:		
\$35 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	

Articles of Amendment to Articles of Incorporation

or
Galloway - Schmidt Insurance Agency
(Name of corporation as currently filed with the Florida Dept. of State)
000000000000000000000000000000000000000
<u> </u>
(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):
Same
(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)
Suzanna Martinez VP removed as
Vice President. Suzana Martinez will
no longer be an officer of Galloway
Schmidt Insurance Agency.
Please add EIN # to public records.
EIN # 26-2499359
(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)

The date of each amendment(s) adoption: 6 24 08
Effective date if applicable: (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 Guel McL (President) (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) Grisel McKernan (Typed or printed name of person signing) President
(Title of person signing)

FILING FEE: \$35