P08000044519

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COVER LETTER

Division of Corporations NAME OF CORPORATION: Assurance Public Adjusters, Inc. DOCUMENT NUMBER: P08000044519 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cherry Cuevas Name of Contact Person Assurance Public Adjusters, Inc. Firm/ Company 12534 Griffing Blvd Address North Miami, FL 33161 City/ State and Zip Code assurancepa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Cherry Cuevas** at 786-366-0598 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

X \$43.75 Filing Fee &

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Street Address

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Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$52.50 Filing Fee

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Certificate of Status

ATX1

Articles of Amendment to Articles of Incorporation of

Assurance Public Adjusters, Inc.

	(Name of Corpor	ation as currently filed w	rith the Florida Dept. of	State)
P0	8000044519			79
-	(Do	cument Number of Corpor	ration (if known))	
	rsuant to the provisions of section 607.10 endment(s) to its Articles of Incorporatio		Florida Profit Corporati	i on adopts the following
A.	If amending name, enter the new nar	ne of the corporation:		
				The new
"Çé	me must be distinguishable and contain topp.," "Inc.," or Co.," or the designation " rd "chartered," "professional association,	Corp," "Inc," or "Co". A p	rofessional corporation na	
	Enter new principal office address, li incipal office address <u>MUST BE A ST</u>			
C.	Enter new mailing address, if applications (Mailing address MAY BE A POST O			
D.	If amending the registered agent and new registered agent and/or the new			e name of the
	Name of New Registered Agent:	Cherry Cueva	···	
		15051 Royal Oaks Apt 4 (Florid	i03 da street address)	
	New Registered Office Address:	North Miami (0	City)	, Florida <u>33181</u> (Zip Code)
Nev	w Registered Agent's Signature, if cha	nging Registered Agent:		

Page 1 of 4

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. Jam familiar with and accept the obligations of the position.

ATX1

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.

	ımple				
	<u> </u>	Change	<u>PT</u>	John Doe	
	<u>X</u>	Remove	<u>V</u>	Mike Jones	
•	X	Add	<u>sv</u>	Sally Smith	
	e of / eck (Action One)	<u>Title</u>	Name /	Address
1) .		Change	<u>P</u>	Vivanco Willson	12534 Griffing Blvd
		Add		1 - 1 -	North Miami, Fl 33161
•	X	Remove		Mus Coll	
2)	Х	Change	VP	Cherry Cueva from VP to P	15051 Royal Oaks
		Add		•	North Miami, Fl 33181
		Remove			With 100% Shares
3) .		Change			
		Add			
		Remove			
4) .		Change			
		Add			
		Remove			
5) .		Change			
•		Add			
		Remove			
6)		Change			
		Add			
·		Remove			

	Assurance Public Adjusters, Inc	ATX1
E.	If amending or adding additional Articles, enter change(s) here:	
	(Attach additional sheets, if necessary). (Be specific)	
	<u>, , , , , , , , , , , , , , , , , , , </u>	
F	If an amendment provides for an 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)	
	(// //	
_		

A	Assurance Public Adjust	ers, Inc		ATX	
The date o	of each amendment(s)	adoption:	4/10/2017	, if	
other than	the date this document	was signed.			
Effective d	late <u>if applicable</u> :		4/10/2017		
			(no more than 90 days after amendment file date)		
	e date inserted in this bl ument's effective date o		meet the applicable statutory filing requirements, this date will not be listed nent of State's records.		
Adoption	of Amendment(s)		(CHECK ONE)		
	amendment(s) was/we ne shareholders was/we		the shareholders. The number of votes cast for the amendment(s) or approval.		
_	• •		y the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):		
	"The number of votes	cast for the a	mendment(s) was/were sufficient for approval		
	by		.*		
			(voting group)		
	amendment(s) was/wei on was not required.	re adopted by	the board of directors without shareholder action and shareholder		
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.					
	Dated	, ,	4/10/2017		
	Signature		hh,		
		, ,	r, president or other officer – if directors or officers have not been		
			an incorporator – if in the hands of a receiver, trustee, or other court		
		appointed fig	duciary by that fiduciary)		
		Wilson Vi	ivanco (Typed or printed name of person signing)		
			(1996) or printed rialing or person signing)		
		President			
			(Title of person signing)		