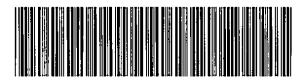
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(Requestor's I	Name)
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PICK-UP W	AIT MAIL
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Amendame

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Levay Insurance Group, Inc. DOCUMENT NUMBER: P08000060140
DOCUMENT NUMBER: P0800000140
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following: Stephen Levay III Name of Contact Person Levay Mack Insurance Group, Information of Park Report 1972 1 W Palmetto Park Report 206 Address
Levay Mack Insurance Group, In
7251 W Palmetto Park RJ# 206
BOCA RATON FL 33433
City/ State and Zip Code
E-mail address: (ib be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Levay III at (561) 394 - 5040 Name of Contact Person Area Code & Daytime Telephone Number
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:
▼ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
Levay Insur	ance Group Inc.
(Document Number	ance Group Trc. of Corporation (if known) P08000060140
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
Levay Mack I	insurance Group, The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	Co . A projessional corporation name musi contain me
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7251 W. Palmetto Park
	Road # 206 BOCA RATON FL 33433
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7251 W. Palmetto Par
	BOCA RATON, FL 3343
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	W Palmetto Park ROC
(Florida s	street address) 3+ # 20 UB
New Registered Office Address: BCCO KY	(City) Florida 33 433 (Zip Code)
Al D Carlo La Control Sign and the boundary Decimans of Assess	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position.
	2019
Signature of New	Registered Agent, if changing
	ر د د د د د د د د د د د د د د د د د د د

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X	<u>-</u> <u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)			
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
t) Change			
4) Change			
Remove			
~~~			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramova			

(Attach additional sheets, if necessary). (Be specific)	
change PS/CFO	
7404 CD 10	
7251 W. Palmetto Park Rog	d
#2010	
Boca Paton, F1 33433	
	<del></del>
	<del> </del>
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)	

fate this document was signed.
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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.
Dated5/9/19
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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PRES
(Title of person signing)