## DOS 000 107137

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## **COYER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: LET US CLAIM C	ONSULTANTS INSURA	NCE, INC
DOCUMENT NUMI			· .
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
		Name of Contact Persor	1
	LET US CLAIM CONSULT.	ANTS INSURANCE, INC	
		Firm/ Company	
	6900 TAVISTOCK LAKES	BLVD STE 400	
	<u>-</u>	Address	
	ORLANDO FL 32827		
		City/ State and Zip Code	e
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Nama	of Contact Person	at (	)
Name	or Comact reison	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 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)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

١	ÆТ	US	CI	AIA.	1.C	ONS	SUL	TAN	$TS \perp$	INSUR	ANCE	FINC

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as current	tly filed with the Florida Dept, of State)
P08000107137	
(Document Number	of Corporation (if known)
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:	
LET US CLAIM CONSULTANTS INSURANCE, INC.	
name 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 contain the word
B. Enter new principal office address, if applicable:	N :
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	1
	.\
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	 P
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
The state of the s	
(Florida si	treet address)
Nava Bandatan ad (Milara Chinana	121 - 2.1
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of Non-	Registered Agent, if changing
Signature of New I	regisierea Ageni, ij changing
Thock if applicable	

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)

Example:

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.

X_Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{V}$	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	additional Article		s)_nere:		
(Attach additional sheets	, у несехмиу). – И	эс хресую)			
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If an amendment provi	dae for an avahon	an raalnicifiaati	on or annaellatio	n af icenad charac	
provisions for implem	enting the amendr	nent if not conta	ined in the amer	<u>idment itself:</u>	1
(if not applicable, i	ndicate N/A)				
<del></del>					
					*****

The date of each amendment(s) adoption:	12/01/2020	if other than th
date this document was signed.		ii Offici than i
12/01/2020		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doc document's effective date on the Departmen	s not meet the applicable statutory filing requirements, this date will not of State's records.	t be listed as t
Adoption of Amendment(s) (	CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	the shareholders through voting groups. The following statement ing 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)	
12/01/2020		
Dated		
Signature		
(By a director, γ selected, by an	resident or other officer – if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
RAMO	N RODRIGUEZ	
	(Typed or printed name of person signing)	
PRESIL	DENT	
	(Title of person signing)	