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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: 6664	FINANCE and INSURANCE COX			
DOCUMENT NUMBER: P.08000108190				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
LUIS CUST (Name of Conta	Ct Person)			
6664 Fran (Firm/Com	cs and Moureaux Corp			
93805w725T5HB140 (Address)				
Migail Fl	33/73 Zip Code)			
For further information concerning this matter, please	call:			
(Name of Contact Person) a	t (301) 992-7283 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:			
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Amendment Section A Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314 26	mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

Λf

PO8000108190

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number	er of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorpo		s <i>Florida Profit</i>	Corporation adop	ts the
A. If amending name, enter the new name of t	he corporation:	. /		
ELOGAL TRADE	INSURI	ANCE C	ORP	
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," ". "Co". A professional corporation name association," or the abbreviation "P.A."	l contain the word lnc.," or Co.," or i	l "corporation," the designation "	"company," or Corp," "Inc," or	
			¥¥ 99	
B. Enter new principal office address, if applie				
(Principal office address <u>MUST BE A STREET</u>	ADDKESS)		AHAS	7
	*!.		SE N	
				ΕD
C. Enter new mailing address, if applicable:			<u>.</u>	1
(Mailing address MAY BE A POST OFFICE	E BOX)		용설 3	
			D	
				
D. If amending the registered agent and/or reg		<u>ss in Florida, ent</u>	er the name of the	<u>e</u>
new registered agent and/or the new registe	erea office address:			
Name of New Registered Agent:			_	
New Registered Office Address:	(Florida stre	et address)		
			, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Pagistared Agents			
I hereby accept the appointment as registered a position.		r with and accep	ot the obligations	of the
Sign	nature of New Regist	ered Agent, if cha	nging	
~~~	<i>y</i> - · - · · <b>g</b> ····		6 76	

## 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)

<u>Title</u>	Name	Address	Type of Action
-			
			_
			_
(attach ud	dditional sheets, if necessary). (Be spe	ecific)	
<u>provisi</u> c	mendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)	eclassification, or cancellation of in if not contained in the amendment	ssued shares, titself:

The date of each amendment(s) ad	loption: JAN 9 2008				
Effective date <u>if applicable</u> :	10ption: <u>JAN</u> 9 2008 JAN 9 2008				
(no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were add by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.				
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):				
"The number of votes cast for	or the amendment(s) was/were sufficient for approval				
by	.,				
(votii	ng group)				
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder				
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder				
Dated	8-2009				
Signature	flux				
selected, i	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)				
	Luis G. Castillo				
	(Typed or printed name of person signing)				
	Director				
	(Title of person signing)				