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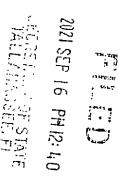
(Requestor's Name) (Address) (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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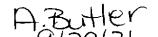




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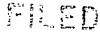
COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: SOLER INSURANCE INC					
DOCUMENT NUMBER: P09000013515					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	MARIA SOLER				
		Name of Contact Person			
	SOLER INSURANCE INC				
		Firm/ Company			
	3331 W 80 STREET				
		Address			
	HIALEAH GARDENS, FL 33016				
		City/ State and Zip Code	;		
	MARIA.SOLER@ESTRELL	AINSURANCE.COM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
MARIA SOLER		at (305	558-6577		
Name of Contact Person		at (305) 558-6577 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of



2021 SEP 16 PH 12: 40 SOLER INSURANCE INC (Name of Corporation as currently filed with the Florida Dept. of State) STATE P09000013515 (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: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOSE A RODRIGUEZ	7245 SW 113 CT CR
Add			MIAMI, FL 33173
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

If amending (Attach addi	g or adding additions itional sheets, if necess	al Articles, enter cha ary). (Be specific)	inge(s) here:			
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If an amen	idment provides for a	n exchange, reclassi	ification, or cancel	lation of issued sha	ires.	
provision:	s for implementing the tapplicable, indicate N	<u>ie amenament it not</u> V/4)	contained in the a	amenument itseit:		
/ A		,				
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				,		
						

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	t(s) adoption:	, if other than the
date this document was signed	i.	
Villandian data if annihable.	09/10/2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this the Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder a	ction and shareholder
	ere adopted by the shareholders. The number of votes east for the amendme were sufficient for approval.	nt(s)
	ere approved by the shareholders through voting groups. The following state led for each voting group entitled to vote separately on the amendment(s):	?mvnt
"The number of vote	es east for the amendment(s) was/were sufficient for approval	
by	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
, , , , , , , , , , , , , , , , , , , 	(voting group)	
Dated Signature _ () s	By a director, president or other officer – if directors or officers have not be selected, by an incorporator – in the hands of a receiver, trustee, or other expointed fiduciary by that fiduciary) MARIA E SOLER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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