

P09000032823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

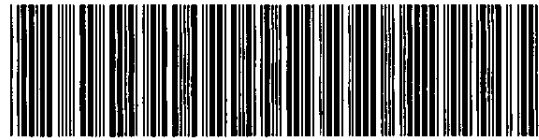
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

Ames  
11/16/09

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Avanti Insurance Inc

DOCUMENT NUMBER: P09000032823

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Espada

Name of Contact Person

Firm/ Company

12795 Kinsway Rd

Address

Wellington, FL 33414

City/ State and Zip Code

Rogertole@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Espada

Name of Contact Person

at ( 561 ) 329-8887

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)

☐ \$52.50 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Page 1 of 3

**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> | <u>Name</u>     | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|-----------------|---|--|
| preside      | lorenzo Papa    | 4469 S. Congress Ave. Ste 111<br>Lake Worth, FL 33461 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| preside      | Maria Espada    | 4469 S. Congress ave Ste. 111<br>lake Worth, FL 33461 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| secret       | Damaris Batista | 12795 Kinsway Rd<br>Wellington, FL 33414              | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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The date of each amendment(s) adoption: 11/9/09  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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.

Dated 11/09/09

Signature Maria Espada

(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)

MARIA Espada

(Typed or printed name of person signing)

Pres.

(Title of person signing)