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SECRETARY OF STATE ALLAHASSEE, FLORID

APPROVLO FILED



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Avanti Insurance Inc		
DOCUMENT NU	JMBER:	P09000032823		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.		
Please return all co	prrespondence concerning thi	s matter to the following:		
		Maria Espada		
	N	ame of Contact Person		
		Firm/ Company		
		<i>Ринь</i> Сотрану		
	12795 Kinsway Rd			
Address				
		ington, FL 33414		
	C	ity/ State and Zip Code		
	Rogert	ole@yahoo.com		
	E-mail address: (to be use	d for future annual report notification)	 	
For further inform	ation concerning this matter,	please call:		
	Maria Espada	at (561) 32	29-8887	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depart	tment of State:	
✓ \$35 Filing Fee	☐ \$43.75 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)	
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	e	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Avanti Insurance Inc

Articles of Ar	nendment The
to Articles of Inco of	nendment orporation C the Florida Dept. of State
Avanti Insurance I	nc Yagan
(Name of Corporation as currently filed with	the Florida Dept. of State
P09000032823	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the follow
A. If amending name, enter the new name of the corporation	<u>n:</u>
name must be distinguishable and contain the word "corpubbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associa	'orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Maria Espada
Timeput office unuress <u>most but to transfer to bridge (</u>	12795 Kinsway Rd
	Wellington, FL 33414
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office advance of New Registered Agent:	
name of new Registerea rigem.	
New Registered Office Address: (Flori	ida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

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	<u>Address</u>	Type of Action
preside	lorenzo Papa	4469 S. Congress Ave. Ste 111 Lake Worth, Fl 33461	☐ Add ☐ Remove
preside	Maria Espada	4469 S. Congress ave Ste. 111 lake Worth, Fi 33461	☑ Add □ Remove
secret	Damaris Batista	12795 Kinsway Rd Wellington, FL 33414	☑ Add □ Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci		
	endment provides for an exchange, rec as for implementing the amendment if		
	t applicable, indicate N/A)		

The date of each amendment(s) adoption:			
(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)			
(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 Whave Cypole			
Signature Marie Cypholan			
(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 Goods			
(Typed or printed name of person signing)			
pres.			
(Title of person signing)			