P090000001717

(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	ME OF CORPORATION: Florida Insurance Restoration Experts Inc.							
DOCUMENT NU	NUMBER:P09000062717							
The enclosed Artic	cles of Amendment	t and fee are su	bmitte	d for fi	ling.			
Please return all co	orrespondence cond	cerning this ma	itter to	the foll	lowing:			
				Greene				
		Name (or Cont	act Perso	n			
	Flor	ida Insurance	Rest	oration	Experts II	nc.		
		Fir	m/ Con	npany				
		2890 Sta	te Ro	ad 84 #	# 108			
			Addre	SS				
		Fort Laud	lerdal	e. FL 3	3312			
				Zip Cod				
	E-mail address	s: (to be used for t	future a	nnual rep	ort notification	on)		
For further inform	ation concerning th	nis matter, pleas	se call	:				
	imothy Greene		_at (954	/	594-2		
Name	e of Contact Person			Area Co	de & Daytim	e Telepho	ne Number	
Enclosed is a chec	k for the following	amount made	payab	le to the	e Florida Do	epartmer	nt of State:	
	\$43.75 Filing F Certificate of S		Cer	.75 Filing tified Co ditional c		ed)	\$52.50 Filing Fee Certificate of Star Certified Copy (Additional Copy	tus
Mailing A				t Addr				
Amendment Section			Amendment Section					
Division of Corporations					Corporation	S		
P.O. Box 6327			Clifton Building 2661 Executive Center Circle					
Tallahassee, FL 32314			/nh i	EXECUIT	ve i enter (ircie		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Florida Insurance Restoration Experts Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

00000747	
	·
er of Corporation (if Kn	own)
Florida Statutes, this I	Florida Profit Corporation adopts the following
he corporation:	
	The new
esignation "Corp," "In	"company," or "incorporated" or the c," or "Co". A professional corporation the abbreviation "P.A."
cable: ADDRESS)	
	·
<u> </u>	· · · · · · · · · · · · · · · · · · ·
gistered office address red office address:	in Florida, enter the name of the
	
(Florida street	address)
	, Florida
(City)	(Zip Code)
	and accept the obligations of the position.
	word "corporation," esignation "Corp," "In esignation "Corp," "In esignation," or able: ADDRESS) istered office address: (Florida street (City) Registered Agent:

- 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) Title Name 1 <u>Address</u> **Type of Action** VP. Carlos Calderon ☐ Add 2890 State Road 84 #108 __ 🗖 Add ☐ Remove _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendmen	t(s) adoption: 11	/10/2010	
•	11/10/2010	(date of adoption is required)	
Enecuve date <u>ir applicable</u> .	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(СН	ECK ONE)	
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.	
		e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amend	dment(s) was/were sufficient for approval	
by		,,	
	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the	board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the	incorporators without shareholder action and shareholder	
Dated <u>(6</u>	11/15/2	2010 -	
∕Signature <u> </u>	9 1 (ent or other officer – if directors or officers have not been	
sele		porator – if in the hands of a receiver, trustee, or other court	
		Timothy Greene	
	(Тур	ped or printed name of person signing)	
		Р.	
	(Title of	person signing)	