P10000012044

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nan	ne)
(Ďc	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Amend 09.18.12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALL RISK	INSURANCE & TAGS INC
DOCUMENT NUMBER: P100000120)44
The enclosed Articles of Amendment and fee are	
Please return all correspondence concerning this r	natter to the following:
EDWIN RIVERO	O
ALL RISK INSU	Name of Contact Person IRANCE & TAGS INC
6218 JOHNSON	Firm/Company N STREET
HOLLYWOOD	
EFRIVERO@HOTI	City/ State and Zip Code MAIL.COM used for future annual report notification)
For further information concerning this matter, plo	ease call:
EDWIN RIVERO	at(954) 362-4029
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:
■ \$35 Filing Fee	
- 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

Articles of Amendment to **Articles of Incorporation** of



ALL RISK INSURANCE & TAGS INC

(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P10000012044	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	•
N/A	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Coword "chartered." "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: EDWIN RIVERO	ss in Florida, enter the name of the
Name of New Registered Agent 6218 JOHNSON	ST.
(Florida stree	
New Registered Office Address: HOLLYWOOD	, Florida 33024
New Registerea Office Address: (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New 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)

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
\underline{X} Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSD	EDWIN RIVERO	6218 JOHNSON ST
XAdd			HOLLYWOOD FL 33024
Remove			
2) Change	PV	MARITZA MARTINEZ	6218 JOHNSON ST
Add			HOLLYWOOD FL 33024
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			44 144 144 144 144 144 144 144 144 144
Remove			

N/A
inge, reclassification, or cancellation of issued shares,
dment if not contained in the amendment itself:
SFERS ALL 100 SHARES TO EDWIN RIVE
-
•

The date of each amendment(s) adoption: September 12, 2012
Effective date if applicable: September 12, 2012
(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
(voling 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 September 12, 2012
Signature Mounty of Marting
(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)
appointed nutrially by that nutrially?
Maritza Martinez
(Typed or printed name of person signing)
PVD
. (Title of person signing)