

P10000012364

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03/30/11--01024--005 \*\*35.00

*Amend*

FILED  
11 MAR 30 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SKY INSURANCE GROUP, CORP

DOCUMENT NUMBER: P10000012364

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

Please return all correspondence concerning this matter to the following:

SANTIAGO DE LA CRUZ CARBALLO

Name of Contact Person

SKY INSURANCE GROUP, CORP

Firm/ Company

2301 N. STATE ROAD 7

Address

Hollywood, FL 33021

City/ State and Zip Code

ALEXZAJ@GMAIL.COM

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

For further information concerning this matter, please call:

SANTIAGO DE LA CRUZ

Name of Contact Person

at ( 786 ) 208-6753

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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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>
P	TANIA DE LA CRUZ	2301 N. STATE ROAD 7 HOLLYWOOD, FL 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P.S	SANTIAGO DE LA CRUZ	2301 N. STATE ROAD 7 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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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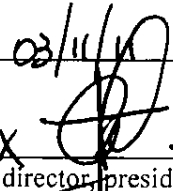
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The date of each amendment(s) adoption: 03/11/11  
(date of adoption is required)  
Effective date if applicable: 01/01/2011  
(no more than 90 days after amendment file date)

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 03/11/11

Signature X   
(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)

TANIA DE LA CRUZ  
(Typed or printed name of person signing)

President  
(Title of person signing)