P1000004965

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(City	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	Savvy Insurance Solutions,	Inc.
DOCUMENT NUM	ИВЕR:	P10000049651	
The enclosed Article	es of Amendment and fee a	are submitted for filing.	
Please return all corr	respondence concerning th	is matter to the following:	
_	Amy Kurella		
	r	Name of Contact Person	
_	Savvy Insurance Solutions, Inc.		
		Firm/ Company	
_	11307 Oakleaf Ave.		
		Address	
		Fampa, FL 33612 City/ State and Zip Code	
- 122	E-mail address: (to be use	ancial@aol.com ed for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
Berna	rd R. Skerkowski	at (813) 75	8-2279
Name o	f Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount r	nade payable to the Florida Departr	ment 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 Add Amendment Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

Savvy Insurance Solutions, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

000049651	
nber of Corporation (if kno	wn)
06, Florida Statutes, this F	Iorida Profit Corporation adopts the following
f the corporation:	
	The nev
	"company," or "incorporated" or the c," or "Co". A professional corporation the abbreviation "P.A."
olicable: ET ADDRESS)	
:: (CE BOX)	
registered office address i stered office address:	n Florida, enter the name of the
(Florida street d	address)
(Florida street d	nddress), Florida (Zip Code)
	mber of Corporation (if known of the corporation: the word "corporation," et designation "Corp," "Incorporation," or oblicable: ET ADDRESS) ce CE BOX)

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>	<u>Name</u>	<u>Address</u>	Type of Action
<u>s</u>	Judith A. Jensen	P.O. Box 340924 Tampa, FL 33694	☐ Add ☐ Remove
<u>P</u>	Amy Kurella	11307 Oakleaf Ave. Tampa, FL 33612	☑ Add □ Remove
	nendment provides for an exchang		
	ot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 09/12/2011
Effective date if applicable:	(date of adoption is required)
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated Sep	tember 12, 2011
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Amy Kurella
	(Typed or printed name of person signing)
	President
	(Title of person signing)