P10000064165

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: American Compensation Grap INC DOCUMENT NUMBER: P10000064165
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel FASCIANA Name of Contact Person
American Compensations Group INC
13920 5w 22 PL Address
DAVIE FL 33325 City/ State and Zip Code
E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Daniel FASCIANA at 954, 736-8750 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

A	Articles of Incorporation	
Properties of the Co	OFILED	
Name of Corporation	on as currently filed with the Richard pp. of State),	
,	——————————————————————————————————————	1411.6
- American Compens	ation Croup SEARCH # P100000 ent Number of Corporation (if MENTALL) UF STATE	6716
·	MACAMASSEE, FL	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amer	idment(s) to
A. If amending name, enter the new name of the co	rporation:	
	The	new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Co." or "Co". A professional corporation name must contain the viation "P.A."	rp.," vord
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)	
		_
		_
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>	
		_
D. If amending the registered agent and/or register	ad affine address in Florida, antar the name of the	
new registered agent and/or the new registered of		
Name of New Registered Agent		
name of the negative rigem		
	(Florida street address)	
New Registered Office Address:		_
	·	
New Registered Agent's Signature, if changing Regi		
I hereby accept the appointment as registered agent. I	l am familiar with and accept the obligations of the position.	
Signa	ture of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	$\sqrt{}$	Daniel FASCIANA	13920 SW 22 PL DAVIE FL 33325
X Add			DAVIE FL 33325
Remove 2) Change	D	Robert LASORSA	1109 Bel
Add Remove Change			AIR Drive#2 Highland Boh FL 33487
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Romava			

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<u>an amendment pro</u> rovisions for imple	vides for an exchange, reclassiful menting the amendment if not	fication, or cancellation contained in the amend	of issued shares, ment itself:	
(if not applicable	, indicate N/A)	0-7		
Daniel	FASCIANA	40/		
				<u> </u>
•	FASCIANA	40%		
RoBert	LASORSA	20%		
·				
				
	· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption: _date this document was signed.	March (DA	2021		_, if other than the
Effective date if applicable:	(no more than 90 d			utal	
	(no more than 90 a	ays ajier i	итепатені зне ав	aie)	
Note: If the date inserted in this block does document's effective date on the Department of		le statutoi	ry filing requiren	nents, this date will	not be listed as the
Adoption of Amendment(s) (C	HECK ONE)				
The amendment(s) was/were adopted by th action was not required.	e incorporators, or boa	ırd of dire	ctors without sha	reholder action and :	shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		umber of	votes cast for the	amendment(s)	
The amendment(s) was/were approved by to must be separately provided for each voting					
"The number of votes cast for the am	endment(s) was/were s	sufficient	for approval		
by WYNdI FAS	CIANA		**		
(10	oting group)	-	·		
Dated	021 ¿Fasciai				_
selected, by an in	sident or other officer corporator – if in the hary by that fiduciary)				
<u>V</u>	VYNDL (Typed or printed nan		CIANA on signing)	<u></u>	
	Presiden (Title of person signir	<u></u>			