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(Re	questor's Name)	
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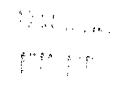
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: BILINGUAL	LINSURANCE	GROUP INC			
	_{R:} P1000008334					
	Amendment and fee are su					
Please return all correspo	ondence concerning this ma	tter to the following:				
N	AGALY NAVAF	RRO				
_	Name of Contact Person					
N	MAGALY'S MUL	TI-SERVICES L	LC			
		Firm/ Company				
8	8421S ORANGE BLOSSOM TRAIL STE 134					
		Address				
<u>C</u>	PRLANDO, FL. 3	32809				
		City/ State and Zip Cod	e			
maga	alynfms@gmail.	com				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information c	oncerning this matter, pleas	se call:				
MAGALY NAV	'ARRO	_{at (} 407	, 852-7000			
Name of	Contact Person	Area Co	de & Daytime Telephone Number	_		
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment Articles of Incorporation



BILINGUAL INSURANCE GROUP INC

14 JUL -2 PH 3: 11,

TALLA, AS.

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

BILINGUAL INSURANCE GROUP INC

(Document Number of Corporation (if known)

idment(s) to

Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Torida Statutes, this Floa	rida Profit Corporation ad	lopts the following amend
A. If amending name, enter the new name of t	the corporation:		
		n p a:	The n
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	'Corp," "Inc," or "Co"	'. A professional corpora	
B. Enter new principal office address, if appli			
(Principal office address <u>MUST BE A STREET</u>	<u>`ADDRESS</u>)		
	-		
	-	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY		
muning duriess mail but 11 out of of the	<u> </u>		<u></u>
	-		
	-		
D. If amending the registered agent and/or re		in Florida, enter the nam	ne of the
new registered agent and/or the new regist	ered office address:		
Name of New Registered Agent			
	(Florida street d	address)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing	g Registered Agent:		
hereby accept the appointment as registered ag	ent. I am familiar with	and accept the obligations	s of the position.
Signature	of New Registered Ager	nt, 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)

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.

Example:	s, una sui	ny omin, or as an Aua.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ROSAANA VALENTIN	P.O. BOX 420807
Add			KISSIMMEE, FL. 34742
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

	tional sheets, if	necessary). (I	Be specific)			
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	dment provides	for an exchan	ge, reclassifica	tion, or cancellati	on of issued share	<u>es,</u>
f <u>an ame</u> n	for implement	ing th <u>e amendr</u>	nent if not con	tained <u>in t</u> he ame	ndment itself:	•
f an ameno provisions		icate N/A)				
f an ameno provisions (if not	applicable, indi					
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The date of each amendment	(s) adoption: 06/30/2014	, if other than the
date this document was signed	•	
Effective date if applicable:	06/30/2014	_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_06/3	30/2014	
Signature	ullava->	
	sy a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiductory by that fiduciary)	
~ 1		
	MAGALY D. NAVARRO	<u> </u>
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	