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COR AMND/RESTATE/CORRECT OR O/D RESIGN MIDTOWN MIAMI INSURANCE BROKERS, INC.

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December 3, 2010

FLORIDA DEPARTMENT OF STATE

MIDTOWN MIAMI INSURANCE BROKERS, INC. 3250 NE 1ST AVE STE 305 MIAMI, FL 33137

SUBJECT: MIDTOWN MIAMI INSURANCE BROKERS, INC.

REF: P10000089730

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

ALL THE PAGES OF THE AMENDMENT WAS NOT INCLUDED.

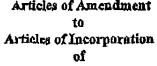
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Irene Albritton Regulatory Specialist II FAX Aud. #: H10000260184 Letter Number: 510A00028185

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to



,	V	س
MIDTOWN MIAMI INSUR	ANCE BROKERS, IN	lC.
(Name of Corporation as currently		
P100000	089730	
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Plorida Pr</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the c	ornoration;	
		The new
name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	nation "Corp," "Inc," or "C	o". A professional corporation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	0X)	
•		
· :		
D. If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida I office address:	a, enter the name of the
Name of New Registered Agent:		
·		
New Registered Office Address:	(Florida street address)	•
· ,		, Florida
<u> </u>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	<u>sgistered Agent:</u> I am familiar with and accep	ot the obligations of the position.

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Signature of New Registered Agent, if changing

<u>Usmending 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:</u>
(Anach additional sheets, if necessary)

Title	Name	Address	Type of Action
<u> </u>	LETICIA C. IRIGOYEN	3250 NE 1ST AVE STE 305 MIAMI FL 33137	☑ Add ☐ Remove
<u> </u>	Janelle Fernandez	3250 NE 1 ST AVE. STE : 305 Liomi, FL 33137	☐ Add ☐ Remove
ρ	Sandra Mancha	3250 NE 1 ST AVE. STE: 305 Hiami, FL 33137	Add Remove
	mending or adding additional Articles, and such additional sheets, if necessary). (Be spe		
		· .	<u></u>
	an amendment provides for an exchange, povisions for implementing the amendment (if not applicable, indicate N/A)		

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the date of each amendmen	t(s) adoption: 11-11-2010
	(date of adoption is required)
Effective date if applicable:	(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	cic adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	ate approved by the shareholders through voting groups. The following statement ed 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	s
	(voting group)
action was not required. The amendment(s) was/we	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder
action was not required.	
Dated 11-1 Signature	- VIRII
(By sete	o director, president or other officer — if directors or officers have not been beted, by an incorporator — if in the hands of a receiver, trustee, or other count noimed fiduciary by that fiduciary)
	SANDRA MANCHA
	(Typed or printed name of person signing)
	P/\$
	(Title of person signing)

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