P110000029814

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A. RAMSEY APR 2 & 2023

COVER LETTER

TO: Amendment Section ▶ Division of Corporations

NAME OF CORPOR	GLOBAL EAST (CLAIMS ADJUSTING IN	С		
DOCUMENT NUMI	P11000029814				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	OMAR MACHISTE				
	Name of Contact Person Global East Claims Adjusting Inc				
	-	Firm/ Company			
	12555 Orange Drive, Suite 4204				
	Address				
	Davie, FL. 33330				
		City/ State and Zip Cod	e		
info	@globaleastclaimsadjustir	ng.com			
	E-mail address: (to be used for future annua	l report notification)		
For further information	n concerning this matter, pleas	se call:			
Omar Machiste		954 at (756-2328		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the 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)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 F	Address Innent Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation οf

FILED 2023 FFR 17

(Name of Corporation as curre	ntly filed with the Florid	la Dept. of Sta	te) j-nilina;	AM 8: 2	•
P11000029814			1 - L 4 - 1 - 1 - 1 - 1	SE PARE	
(Document Num	ber of Corporation (if kno	own)			
Pursuant to the provisions of section 607.1006, incorporation:	Florida Statutes, this corp	poration adopts	the following	g amendment(s) to its Ar
A. If amending name, enter the new name of	the corporation:				
					The net
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association," o	"Corp," "Inc," or "Co".	A profession			
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREET</u>					
	_				
	_		<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	t pav				
(Stating dauress MAT BE A FOST OF FIC	<u>E BUX</u>)				
	_				
	_				
D. If amending the registered agent and/or re		n Florida, ente	er the name (of the	
new registered agent and/or the new regis	tered office address:				
Name of New Registered Agent					
	471				
	(Florida street	address)			
New Registered Office Address:	(Florida street (City)	address)	_, Florida	(Zip Code)	

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)

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: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jone	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u>1</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP		PAULA GUTIERREZ	12555 Orange Dr. #4204
X Add				Davie, FL. 33330
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	•			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_ -	<u> </u>	
Add				
Remove				

(Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
·=	
an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares,
	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u>.</u>	

-

The date of each amandment/-	January 1St, 2023	, if other than the
date this document was signed.) adoption:	, it other than the
Effective date <u>if applicable</u> : _	01/01/2023	
in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
01/02/2	2023	
Dated	——————————————————————————————————————	
Signature	AA-	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Ornar Machiste	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	_,_