

P11000045145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

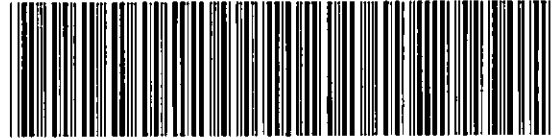
(Business Entity Name)

(Document Number)

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Amend

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2023 MAR -1 AM 10:50

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MASSACHUSETTS

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CLERK OF STATE  
MASSACHUSETTS

A. RAMSEY

MAR 02 2023

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

M.A.T. INSURANCE GROUP, INC.

Please Debit 120000000257 For: 43.75

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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111 - Pender's Printing • Tallahassee, FL 32301

\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_ Merger File \_\_\_\_\_  
\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_ Courier \_\_\_\_\_

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: M.A.T. INSURANCE GROUP, INC

DOCUMENT NUMBER: P11000045145

The enclosed *Articles of Amendment* and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

BARBARA C. PEREZ  
Name of Contact Person  
M.A.T. INSURANCE GROUP, INC  
Firm/ Company  
7787 NW 146 STREET  
Address  
MIAMI LAKES, FL 33016  
City/ State and Zip Code  
matinsgroup@a@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

BARBARA C. PEREZ at ( 786 ) 369-8464  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2023 MAR -1 AM 10:50

M.A.T. INSURANCE GROUP, INC

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

P11000045145

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

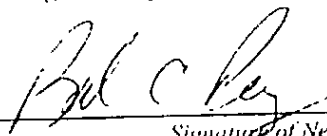
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent BARBARA C. PEREZ  
7787 NW 146 STREET  
(Florida street address)  
New Registered Office Address: MIAMI LAKES, FL, Florida 33016  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(c), 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.

**Example:**

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P,S,T</u>	<u>BARBARA C. PEREZ</u>	<u>7787 NW 146 STREET</u> <u>MIAMI LAKES, FL 33016</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>MITCHELL A ACANDA</u>	<u>7787 NW 146 STREET</u> <u>MIAMI LAKES, FL 33016</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

02/07/2023

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)

Dated 02/07/2023 \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, president or other officer if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Barbara C. Peetz  
(Typed or printed name of person signing)

P.S.T.

\_\_\_\_\_  
(Title of person signing)