P11000046604

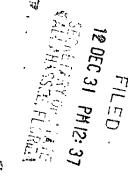
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On for

COVER LETTER

TO: Amendment Section Division of Corporations

	SURANCE SOLUTIONS, INC.			
DOCUMENT NUMBER: P11000046604				
The enclosed Articles of Amendment and fee are submitt	ed for filing.			
Please return all correspondence concerning this matter to	the following:			
MAGDA C. PINA				
•	AME OF CONTACT PERSON NOE SOLUTIONS, INC.			
4000 PONCE DE LI	Firm/ Company EON BOULEVARD, SUITE 470			
Address CORAL GABLES, FL 33146				
Ci	ty/ State and Zip Code			
mpina@pinafinancialgro	pup.com r future annual report notification)			
E-man address. (to be used to	Tuture amuai report nonneauon			
For further information concerning this matter, please call	:			
MAGDA C. PINA	at (305) 444-7317 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payab	le to the Florida Department of State:			
Certificate of Status (A	Additional copy is carclosed) \$\square\$ \$\squ			
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 to Articles of Incorporation of

BUSINESS INSURANCE SOLUTIONS, INC.

(Name of Corporation as currently filed	with the Florida Dept. of S	tate)	-
P11000046604			
(Document Number of Cor	poration (if known)		-
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	ntutes, this <i>Florida Profit Co</i>	rporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corpo	ration:		
			The new
name must be distinguishable and contain the word "			 bbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "		nal corporation name must	contain the
word "chartered," "professional association," or the abb	reviation "P.A."	ŗ	9
B. Enter new principal office address, if applicable:			E 6
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)		31
	 	,	
		<u>ئې:</u>	, N
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Si C	37
(muning dualess MAT BE AT OST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	-
			_
			-
D. If amending the registered agent and/or registered of	office address in Florida, er	iter the name of the	
new registered agent and/or the new registered office	ce address:		
Name of New Registered Agent			
	(Florida street address)		
	(- · · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	(City)	, Florida	<u>-</u>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register	and Amounts		
I hereby accept the appointment as registered agent. I am		e obligations of the position.	
		J J J J J J J J J J	
Charles Chill In			
Signature of New R	egistered 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		OSCAR PINA	10300 SW 60 AVENUE
.X_Add				MIAMI, FL 33156
Remove				
2)Change				
Add				
Remove				
3) Change				***************************************
Add				
Remove				<u> </u>
4)Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Changa				
6)Change				
Add Remove				
Kemove				

eclassification, or cancellation of issued shares, if not contained in the amendment itself:

The date of each amendment(s) adoption: JANUARY 1, 2012				
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):			
"The number of votes case	st for the amendment(s) was/were sufficient for approval			
by	(voting group)			
•	(voling group)			
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder			
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder			
Dated	2/28/12			
Signature	(ag) /			
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)			
	MAGDA C. PINA			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			