

PI1000053962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

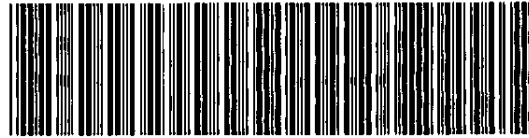
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amerd
C.COULLIETTE

AUG 02 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: June Insurance Agency, Inc.

Name of Corporation

DOCUMENT NUMBER: P11000053962

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emilio Estelhomme or Divenson Jean-Jules

Name of Contact Person

June Insurance Agency, Inc.

Firm/Company

120 E. Oakland Park Blvd Suite 103

Address

Wilton Manors, FL 33334

City/State and Zip Code

juneagency@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emilio Estelhomme

Name of Contact Person

at (754) 223-5762

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2011

EMILIO ESTELHOMME
JUNE INSURANCE AGENCY INC
120 E. OAKLAND PARK BLVD., STE 103
WILTON MANORS, FL 33334

SUBJECT: JUNE INSURANCE AGENCY INC
Ref. Number: P11000053962

We have received your document for JUNE INSURANCE AGENCY INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 411A00017169

RECEIVED
11 AUG -2 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JUNE INSURANCE AGENCY, INC.

DOCUMENT NUMBER: P11000053962

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

Please return all correspondence concerning this matter to the following:

EMILIO ESTELHOMME

Name of Contact Person

JUNE INSURANCE AGENCY, INC.

Firm/ Company

120 E. OAKLAND PARK BLVD SUITE 103

Address

WILTON MANORS, FL 33334

City/ State and Zip Code

JUNEAGENCY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMILIO ESTELHOMME

Name of Contact Person

at (754)

223-5762

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
to
Articles of Incorporation
of

JUNE INSURANCE AGENCY, INC.

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

P11000053962

(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**)

120 E. OAKLAND PARK BLVD

SUITE 103

WILTON MANORS, FL 33334

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:

New Registered Office Address:

120 E. OAKLAND PARK BLVD SUITE 103

(Florida street address)

WILTON MANORS

(City)

, Florida 33334
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES.</u>	<u>EMILIO ESTELHOMME</u>	<u>2210 NE 1ST AVE</u>	<input checked="" type="checkbox"/> Add
		<u>POMPANO BEACH, FL 33060</u>	<input type="checkbox"/> Remove
<u>V.P.</u>	<u>DIVENSON JEAN-JULES</u>	<u>13455 NE 10TH AVE APT. 312</u>	<input checked="" type="checkbox"/> Add
		<u>NORTH MIAMI, FL 33161</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: JUNE 17, 2011
(date of adoption is required)
Effective date if applicable: UPON COMPLETION OF PROCESSING
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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

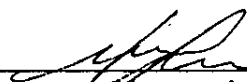
by 2
(voting group)"

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated JULY 23, 2011

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)

EMILIO ESTELHOMME

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)