P11000061555

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BARBIERI	INSURANCE G	ROUP INC		
DOCUMENT NUMI	BER:				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	JEROME BARBI	ERI			
		Name of Contact Persor	1		
	BARBIERI INSUF	RANCE GROUP	INC		
		Firm/ Company			
	2289 SW MARTII	N HWY			
		Address			
	PALM CITY FL 3	4990			
		City/ State and Zip Code	2		
i@	j@barbieri.com				
E-mail address: (to be used for future annual report notification)					
For further informatio	n concerning this matter, pleas		621-2600		
at ()			de & Daytime Telephone Number		
name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	irtment 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation

Barbieri 7	Insurance	- Group	Inc.
(Name of Corporation as currently	filed with the Florida De	ot. of State)	
P1100006155	55		
	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Florida Pr</i>	ofit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name of the c	corporation:		
			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co". A p		
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u>)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		rida, enter the name of t	<u>he</u>
Name of New Registered Agent			
	(Florida street address,)	
New Registered Office Address:		, Florida	
	(City)	(Z	(ip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and ac	ccept the obligations of th	e position.
Signature of N	New Registered Agent, if ch	 nanging	

ASEC AND STATE OF THE SECOND STATE OF THE SECO

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 Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	FRANK A BARBIERI	2221 SW DOVE CANYON WAY
Add			PALM CITY FL. 34990
X Remove			
2) Change	V	LISA B BARBIERI	2221 SW DOVE CANYON WAY
X Add			PALM CITY FL. 34990
Remove			
3)Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•		
Add			
Remove			
6) Change			
Add			
Remove			

tach <i>additional si</i>	heets, if necessary)). (Be specif	ic)			
		<u> </u>				
				<u>-</u>		
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an amendment provisions for im-	provides for an ex plementing the an	change, recla	<u>ssification, or c</u> ot contained in	cancellation of the amendme	issued shares, ent itself:	
(if not applica	ble, indicate N/A)					
						-
				· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:
Effective date if applicable:
(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" (voting group)
(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 06/26/2013
Signature Scrowe Sanheria
(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)
JEROME BARBIERI
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)