P11000079299

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Maximum Protection	on Insurance, Inc.		
DOCUMENT NUM	D11000070700		. <u>.</u> .	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	Guy D. Sperduto			
		Name of Contact Pers	on	
	Guy D. Sperduto CPA PA			
	Firm/ Company			
	8963 Stirling Road, Suite 101			
	Address			
	Cooper City, Florida 33328			
		City/ State and Zip Co	ode	
	gsperduto@accountinglinkus	a.com		
	E-mail address: (to be us	ed for future annual repo	ort notification)	_
				77.07
For further information	on concerning this matter, pleas	se call:		7
Guy D. Sperduto		at (<u>954</u>	432-0272	97 513 770
Name	of Contact Person	Area (Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Do	epartment of State:	Z: 3b
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	σ
An Dir P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Ame Divi The 241	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

Maximum Protections Insurance, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P11000079299 (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: 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 (Florida street address) New Registered Office Address: _____, Florida (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 (11) (e), 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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Daphne, Zizi	17625 NE 6 Avenue
Add X Remove			N. Miami Bch, FL 33162
2) Change	PD	Emmanuel Zizi	P. O. Box 681225
X Add			Miami, Florida 33168
Remove Change			
Add			
Remove			
4) Change			2022
Add			22 A CIG
Remove			——————————————————————————————————————
5) Change			
Add			<u> </u>
Remove			36
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be specific)		
	<u> </u>	
NA		
/V / f!		
an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
rovisions for implementing the amendment if not contained in the amendment itself:	ı	
(if not applicable, indicate N/A)		2
······································		2022
N/A		UliG
		26
		
	<u>-</u> -	PH
	<u>:</u>	:5
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed,		
Effective date if applicable:		
	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this t document's effective date on the D	clock does not meet the applicable statutory fifing requestioner of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors withou	st shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cost fo afficient for approval.	r the amendment(s)
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	following statement rendment(s):
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		n
·/ <u></u>	(voting group)	
Dated		
sciecto	irector, president or other officer - indirectors or office d, by an incorporator - if in the flands of a receiver, trusted fiduciary by that fiduciary)	rs have not been sice, or other court
	Nick Zizi	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	VPD	
	(Title of person signing)	

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