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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON: CABLE UNDERV	VRITERS, INC.			
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are su	bmitted for filing.			
Please return all correspond	ence concerning this ma	iter to the following:			
JOH	N M. CAMILLO				
		Name of Contact Pe	erson		
CAB	LE UNDERWRITERS.	INC.			
-	<del>-</del>	Firm/ Company	,		
221	221 WEST OAKLAND PARK BOULEVARD				
		Address			
FOR	T LAUDERDALE, FL	33311			
		City/ State and Zip	Code		
bevans@ca	ble-holdings.com		v'		
	E-mail address: (to be us	ed for future annual re			
For further information cond JOHN M. CAMILLO	eerning this matter, pleas		565 8000 am 2002		
		at (	565-8900, ext. 3902 a Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the f	ollowing amount made p	payable to the Florida I	Department of State:		
■ \$35 Filing Fee □	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status		
Division o P.O. Box	nt Section of Corporations	An Di Cli	reet Address nendment Section vision of Corporations fton Building 61 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CABLE UNDERWRITERS, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of S	<u>(tate</u> )
P11000081016		
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation.	The new To or the abbrevious  name must contain the
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)		2019 SEP -3 PH 5:
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address	ess:	<u>ihe</u> =
Name of New Registered Agent		——————————————————————————————————————
(Florida	and the same of th	<del></del>
	street address)	
New Registered Office Address:	(City), Flori	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: Ir with and accept the obligations of th	e position.
Signature of New	v Registered 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 Doc	
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>	Address
1) Change	VP	MICHAEL R. GADDIS	221 WEST OAKLAND PARK BL
X Add			FORT LAUDERDALE, FL 33311
Remove			
2) Change			- <del> </del>
Add			
Remove			
3) Change	-	<del>-</del>	
Add			
Remove			/
4) Change			·
Add			
Remove			
5) Change		_ /	
Add			
Remove			
6) Change			·
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
_ <del></del>	
	— <del>————————————————————————————————————</del>
	_ <del>_</del>
If an amondment provider for an evolu-	nauge, reclassification, or cancellation of issued shares,
provisions for implementing the amed	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<del></del>
7	

<u> </u>	08/27/2019	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.	4/45/2010	
0 Effective date <u>if applicable</u> :	8/27/2019	
Effective date <u>n'appreadle</u> .	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	ient
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.  The amendment(s) was/were	adopted by the board of directors without shareholder action and sharehold	ter
action was not required.		
AUGUS Dated	ST 27TH, 2019  Marielle	
(By) syle	director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other coubinted fiduciary by that fiduciary)	
V	JOHN M.CAMILLO	
	(Typed or printed name of person signing)	
	DPS	
	(Title of person signing)	<del></del>