P12000020719

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MR. OIL SENOR	ACEITE INC.				
DOCUMENT NUME						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	MAX SIMON					
	Name of Contact Person					
	MR. OIL SENOR ACEITE INC.					
		Firm/ Company				
	8925 SW 148 STREET SUIT	ΓE 218				
	Address					
	MIAMI, FL 33176					
		City/ State and Zip Code	2			
MIN:	NIE@SIMONCPA.NET					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
DAVID F. SIMON		at (234-2797			
Name e	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

 \mathbf{of}



MR. OIL SENOR ACEITE INC.	3010 MAD 1.1 . 1.10 . 1.1
(Name of Corporation as curre	ently filed with the Florida Dept. of State
P12000020419	\$ \$P\$ (1000) 11 \$P\$ (1000)
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
SIMON INSURANCE GROUP INC	The new
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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	r "Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addr	
(Florida	street address)
New Registered Office Address:	Florida
New Negation of Office Flagrand.	(City) (Zip Code)
Name of New Registered Agent	ress: HA a street address) (City) (Zip Code)
т петеоў ассері іне арранітені ах гедімегей адені. Тат затий	ur wan and accept the ortigations of the position.
Signature of Nev	w 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 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>	Address
1) Change			
Add			
Remove			
2) Change		_	
, Add			
Remove		/ X	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
			
Add			
Remove			
6) Change		-	
Add			
Remove			

famending or adding additional Arti Attach additional sheets, if necessary).	
	• • • • • • • • • • • • • • • • • • • •
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	<u></u>
	
	X
	
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
	- L
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The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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 shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
02/19/2019	
Signature Max Amon	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
MAX SIMON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	