P12000074523

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:
_		

Office Use Only



200240222022

10/01/12 01006 015 **35.00

M

SECRETARY OF STATEMS
OIVISION OF CORPORATIONS
12 OCT -1 PM 12: 14

OCT 0 3 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DORAL ALLIE	D MARKETING INSL	JRANCE GROUP, INC
DOCUMENT NUM	_{BER:} p1200000745	23	
	of Amendment and fee are su		
Please return all corre	espondence concerning this ma	tter to the following:	
	IAN ILLYCH MAF	RTINEZ	
		Name of Contact Person	n
	THE LAW OFFIC		•
		Firm/ Company	
	800 DOUGLAS F	ROAD SUITE 14	9
		Address	
	CORAL GABLES	S FL 33134	
	With telescope in the second	City/ State and Zip Cod	e
ima	artinez@lomalega	l.com	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
lan Illych Ma	rtinez	at (305	442-7970
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 E	executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



DORAL ALLIED MARKETIN	of NG INSURANC	E GROUP, I	NEOCT - 1 PHIZ	: 14
(Name of Corporation as curr	endy med with the Fio	ioa Dept. of state)		
(Document Nur	nber of Corporation (if I	(nown)		•
Puzsuant to the provisions of section 607.1006, its=Articles of Incorporation:	Florida Statutes, this Fl	arida Profit Corpora	tion adopts the following	g amendment(s) to
A_ If a mending name, enter the new name of	the corporation:			
ALLIED MARKETING DORA		_		_The new
nane must be distinguishable and contain to "Corp." "Inc.," or Co" or the designation werd "chartered," "professional association,"	"Corp." "Inc." or "Co	o". A professional c	ncorporated" or the al orporation name must (bbreviation contain the
B_ Enter new principal office address, if app (Fincipal office address MUST BE A STREE	oliçable:	N/A		
	,			
C Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
		<u></u>		
D- If amending the registered agent and/or r new registered agent and/or the new regi		s in Florida, enter t	he name of the	•
Name of New Registered Agent	٩			-
	•			
	(Florida stree	(address)		
New Registered Office Address:	<u> </u>	, F	lorida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if change I ereby accept the appointment as registered a	ng Registered Agent: agent. I am familiar wit	h and accept the obli	gations of the position.	
	re of New Registered Ag			

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change			N/A	,—
Add				
Remove				
2) Change	·			
Add				
Remove				***
3) Change				
Add				
Remove				APR 444 PARAMETER A AMERICAN AND A
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change	***************************************			
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
W		
		
F. If an amendment provides for an exchan provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:	
N1/A		
N/A		

The date of each amendment(s) adoption: 09/24/2012
Effective date <u>if applicable</u> :	09/24/2012
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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 action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	9/26/12
Signature	' IL
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary
	Fernando Espinasa
	(Typed or printed name of person signing)
	President.
	(Title of person signing)