P120000 89975

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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04.13/20--91015--005 ++35.00



Amend

MAY 1 1 2020 I ALBRITTON

COVER LETTER

Division of Corporations
NAME OF CORPORATION: AtiCo Theurance Group Cirp. DOCUMENT NUMBER: 12000089975
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Mercel September
Ation Insurance Group Corp
13155 SW 42 St. #203 Address
2001 iani, F/. 33/75
City/ State and Zip Code
12) ECCICONNET ON ATICOINSURAN GROUPO CO E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mercedes Romero at 305, 223-7100 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
V Mailing Address Street Address

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



April 27, 2020

MERCEDES ROMERO 13155 SW 42 ST #203 MIAMI, FL 33175

SUBJECT: ATICO INSURANCE GROUP CORP.

Ref. Number: P12000089975

We have received your document for ATICO INSURANCE GROUP CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office;

please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 820A00008617

www.sunbiz.org

Articles of Amendment

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Articles of In	corporation
O /	\mathcal{A}
Htico Insurance	a Gracip (opp).
. 7 (Name of Corporation as current	ly filed with the Florida Dept. of State)
	⁷ 75
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
na	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp." A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	n/a . 3
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	77 /a P. 2: 54
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address Name of New Registered Agent MCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	ress in Florida, enter the name of the
13/55 St. (Florida str.) New Registered Office Address: Miami	(City) S7, #203 Florida 33/75 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent (hereby accept the appointment as registered agent. I am familiar v	: with and accept the obligations of the position.
Signature of Nova P	egistered Agent, if changing
) Signature of their Al	-6.0.0.00 necul, ij chaneme

Check if applicable

☐ The amendment(s) is/arc 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.

Example:

X Change	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One)	Title Name Address
1) Change Add	(deceased) Miami, #1. #20
Remove	$\frac{33/75}{}$
2) Change Add	P MECCERON KOMERO 13/55 SU 42 9. #203
Remove 3) Change	Miami, #1. 33175
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
Add	
Remove	

amending or adding additional Articles, enter ch tach additional sheets, if necessary). (Be specific,	
aden duamonar sheets, ly necessary). (20 specific)	,
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	·
an amendment provides for an exchange, reclass provisions for implementing the amendment if no	silication, or cancellation of issued shares,
(if not applicable, indicate N/A)	
(y not apprication, mandato min,	80 (a
	<u> </u>

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The date of each amendment(s) adoption:	Dla	, if other than the
date this document was signed.	<i>j</i> · · · ·	
Effective date if applicable:	m/a	
	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statu of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of d	irectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	he shareholders. The number or approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting	the shareholders through voting	ng groups. The following statement cately on the amendment(s):
"The number of votes cast for the arr	nendment(s) was/were sufficie	nt for approval
by		
(v	oling group)	
Dated 5/7/	1 2020	
Signature Steen	onlage tone	elè
(By á director, pre	esident or other officer - if dir	ectors or officers have not been
sciected, by an in appointed fiducia	icorporator – if in the hands of ary by that fiduciary)	a receiver, trustee, or other court
	lercedes	Romero
	(Typed or printed name of p	erson signing)
	Presides	<u>+</u>
	(Title of person signing)	