7/200090/60

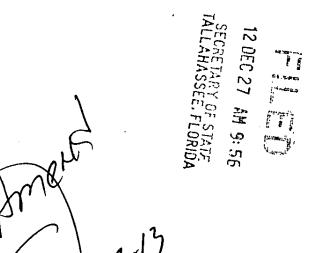
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	o #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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12/27/12--01004--004 **52.50



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	_{on:} MLE Insura	ince Inc.		
DOCUMENT NUMBER:	P1200009016	0		
The enclosed Articles of Am			ing.	
Please return all corresponde	ence concerning this mat	tter to the follo	owing:	
Nei	l Signer			
		Name of Co	ontact Person	
ML	E Insurance Ir	IC.		
		Firm/ (Company	
295	50 NW 101 Lai	ne Suite	201	
		Ad	dress	
Co	ral Springs, FL	33065		
			and Zip Code	
"-		•	•	
	nleinsurance.c			
ŀ	E-mail address: (to be us	sed for future a	innual report r	notification)
For further information conc	erning this matter, pleas	se call:		
Neil Signer		at :	954	, 345-1244
Name of Cor	itact Person			le & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the	Florida Depar	tment of State:
□ \$35 Filing Fee □	3\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy al copy is	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box	nt Section of Corporations		Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment Articles of Incorporation



MLE Insurance Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000090160

ent(s) to

(Documen	it Number of Corporation (if I	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation :	adopts the following amendme
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpo	
B. Enter new principal office address,	if applicable:	2950 NW 101 I	_ane
(Principal office address MUST BE A S		Suite 201	
		Coral Springs,	FL 33065
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2950 NW 101 I	Lane
		Suite 201	
		Coral Springs,	FL 33065
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the na	ime of the
Name of New Registered Agent	Neil Signer		
	2950 NW 101 La	ne Suite 201	_
	(Florida stree	t address)	-
New Registered Office Address:	Coral Springs	, Florid	_a 33065
	(City)	·	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligation	ons of the position.
Si	gnature of New Registered Ag	gent, 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>	<u>Addres</u> s
1) Change	Р	Susan Bastida	506 NW 47th Ave
Add			Deerfield Beach, FL
X Remove			33442
2) X Change	Р_	Neil Signer	2253 NE 122nd St
Add			N. Miami, FL 33181
Remove	.,	Carala Clataeff	476 NW 120th Drive
3) Change	V	Carole Clatsoff	476 NW 120th Drive
X Add			Coral Spring, FL
Remove		,	33065
4) Change	VP	Meil Signer	53 NE 12000 5
Add		\ \	1, miami, F1 3318
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

• • • • • • • • • • • • • • • • • • • •	cles, enter change(s) here: (Be specific)
	
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	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(y not applicable, inaicale N/A)	Proper Destide
Cancel shares issued to S	susan basilda
Cancel shares issued to S	
Cancel shares issued to S	gner and Carole Clatsoff 50% each.
Cancel shares issued to S	

•
The date of each amendment(s) adoption: 12-21-12
Effective date if applicable: 12-21-12
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 adopted by the board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_12-21-12
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Neil Signer
(Typed or printed name of person signing)
President
(Title of person signing)