P12000092716

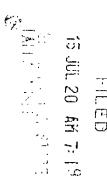
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ENDEAVOR INS	URANCE & FINANCIAL	GROUP, INC.	
DOCUMENT NUMB	ER: P12000092716			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	EDUARDO HERNANDEZ			
-		Name of Contact Persor	1	
	ENDEAVOR INSURANCE & FINANCIAL GROUP, INC.			
-		Firm/ Company		
	3332 SOUTH UNIVERSITY DRIVE			
•		Address		
	MIRAMAR, FL 33025			
-		City/ State and Zip Code		
ROCA	AG@BELLSOUTH.NET			
	-	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
EDUARDO HERNAN	NDEZ	at (305	746 1315	
Name o	of Contact Person Area Code & Daytime Telephone Num		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)	
Ame Divis P.O.	ing Address Indment Section Islon of Corporations Box 6327 Islansee, FL 32314	Amend Divisio Clifton	Address ment Section of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ENDEAVOR INSURANCE & FINANC	IAL GROUP INC			
(Name o	of Corporation as curren	tly filed with the Florida Dep	t. of State)	
P12000092716				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation a	dopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			7	The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc." or	"Co". A professional corpor	orated" or the abb	previation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		
			AWY .	
			 "	
C. Enter new mailing address, if appli	icable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent an new registered agent and/or the new			me of the	
	N/A	<u></u>		
Name of New Registered Agent				
	421 - 11			
	N/A	treet address)		
New Registered Office Address:	IN/A	(City)	, Florida (Zip Co	
		(Cui)	(z.ip Co	ucy
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	tered agent. I am familia	r with and accept the obligation	is of the position.	-\
			\$ 4.5° 	cn C
				لت <u>با</u>
	Signature of New	Registered Agent, if changing	73.	IL 20
			• • • •	· 🗫 🛅

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 <math>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 Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	Р	NANCY ALBEAR	333332 SOUTH UNIVERSITY DR
Add X Remove			MIRAMAR, FL 33025
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	****	_	
Add			
Remove			

T.J. à	y). (Be specific)
I/A	
	
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If an amendment provides for an ex	vehange reclassification or cancellation of issued shares
. If an amendment provides for an ex provisions for implementing the ar	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
If an amendment provides for an exprovisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
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provisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:

771	07/01/2015	is nahan ahan aha
The date of each amendment		, if other than the
date this document was signed.		
Effective date if applicable:	07/01/2015	
mapping.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this one Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendmenere sufficient for approval.	t(s)
	e approved by the shareholders through voting groups. The following states d for each voting group entitled to vote separately on the amendment(s):	ment
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	e adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/wer action was not required. 07/01 Dated	/2015 MDM:) August 1997 The adopted by the incorporators without shareholder action and shareholder action acti	
se	ya director, president or other officer – if directors or officers have not bee elected, by an incorporator—if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
aj	profitted fiducially by mail fiducially)	
	EDUARDO HERNANDEZ	
	(Typed or printed name of person signing)	· ————————————————————————————————————
	PRESIDENT	
	(Title of person signing)	