## P1300000 8929

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY O POPE

## COVER LETTER

Division of Corporations noter INSURANCE Group. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: en INSURANCE GROU Firm/Company NSUPANCE @ hotmail.com Idress: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation



(Name of Cor	poration as currently filed wit	th the Florida Dept. of State)	
P1300000	08929		
	(Document Number of Corporati	ion (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Pr	rofit Corporation adopts the following amends	ment(:
A. If amending name, enter the new name of	f the corporation:		
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association,"	"Corp," "Inc," or "Co". A p		ion
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			<b>-</b>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		,	- - -
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Flo istered office address:		_
Hame of New Registered Agent		,	
	(Florida street address	s)	
New Registered Office Address:	(City)	, Florida(Zip Code)	<del></del>
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and a	accept the obligations of the position.	

Signature of New 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>	Name		<u>Addres</u> s
1) Change		_ Jeny Mo	ricial Conrale	11491 NW 25T APT 20 Mismi, Fl. 33172
_X_ Add		. <b>,</b>	_	Mismi, Fl. 33172
Remove				
2) Change		_	<del></del>	
Add			_	
Remove			-	
3) Change				
Add		•	-	<u> </u>
Remove				
4) Change			· 	
Add			-	
Remove			-	
5) Change			<del></del>	
Add			-	
Remove			-	
6) Change				
Add			,	
Remove				•

Attach addition	adding additional A al sheets, if necessary	). (Be specific)	<u></u>			
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				<del></del>		
lf an amendme	ent provides for an e	exchange, reclassif	<u>ication, or cancel</u>	lation of issued s	<u>hares.</u>	
fifnot an	r implementing the a policable, indicate N/A	imenament ii not (	contained in the a	<u>imenament itseir</u>	<u>i</u>	
(ij noi apş		,				
	NA					

The date of each amendment(s) adoption:  11   05   2015  SECRETARY OF THE DIVISION OF THE PROPERTY OF THE PROP
Effective date if applicable: (no more than 90 days after amendment file date) 15 NOV -9 PM 3: 55
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
☐ 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
Signature LBP
(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)
Velina Espinosa (Typed or printed name of person signing)
President
(Title of person signing)