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Mend

COVER LETTER

TO: Amendment Section **Division of Corporations**

			of Centrum Fracion	Duc
DOCUMENT NUMI	BER: Y 13	15120000	¥	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Sandr	Name of Contact Person	1	
	ATLAS INSULAN	nce Guloup of Firm/Company	Comme troning Inc	
	13960	7th Street Address	Suite 3	
	Dane City	FL 3352 City/ State and Zip Code	2-5	
For first or information	San hoenig man a E-mail address: (to be us	earthlink net	,	
_	n concerning this matter, please		de & Daytime Telephone Number	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301	

Articles of Amendment to

Articles of Incorporation

ATLAS INSUVANCE (Snrup of Central Floring INC.	
(Name of Corporation as current	tly filed with the Florida Dept. of State)	-
	P13000061218	_
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	ne corporation;	
name must be distinguishable and contain the	word "corporation," "company," or "incorporated" or the a	_The new
	Corp," "Inc," or "Co". A professional corporation name must	
B. Enter new principal office address, if applic	able:	
(Principal office address <u>MUST BE A STREET</u>		-
		-
	**	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E ROX)	
(Manual Samuel S		-
		-
		- 1 0
D. If amending the registered agent and/or reg new registered agent and/or the new register	istered office address in Florida, enter the name of the ered office address:	007 -6
Name of New Registered Agent		
		D3
	(Florida street address)	<u>نا</u> الله
New Registered Office Address:	, Florida	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ant. I am familiar with and accept the obligations of the position.	
<u> </u>		
Signature o	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	PT John	Doe	
X Remove	V Mike	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Pres	Dorothy Stewart	13960 7th St
Add Remove			Suite 3 Dane City Fr. 33525
2) Change Add			
Remove 3) Change			
Remove 4) Change			
Add Remove			
5) Change Add Remove			
6) Change			
Remove			

tach additional sheets, if necessary).	(Be specific)
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ovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and itself:
n amendment provides for an exchovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:
ovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
ovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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ovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an
ovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) addate this document was signed.	option:	, if other than th
Effective date if applicable:		
Enective date it applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(a) was higher ado	pted by the incorporators without shareholder action and shareholder	
action was not required.	pied by the incorporators without shareholder action and shareholder	
· V		
Dated	nt 30, 2014	
	0 , 01	
Signature	andra Noewymor	
(By Adi	rector, president or other officer / f directors or officers have not been	
selected	, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	Sandra Hamianian	
•	(Typed or printed name of person signing)	
	Visa Paril +	
	VICE I (estaen)	
	(Title of person signing)	