P13000070981

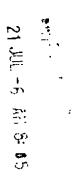
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: SEGURO QUE SI	. INC.	
	MBER: P13000070981		
	es of Amendment and fee are su	ebmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	NOEL PEREZ		
	SEGURO QUE SI, INC.	Name of Contact Perso	n
		Firm/ Company	
	6925 LAKE ELLENOR DR	STE 450	
	ORLANDO, FL 32809	Address	
	 ,	City/ State and Zip Cod	le
	NOEL@SIEMPRESEGURC	D.COM	
	E-mail address: (to be us	sed for future annual report	t notification)
For further informat	ion concerning this matter, pleas	se call:at (321	<u>443-9130</u>
Nam	e of Contact Person	aı (Area Co	ode & Davtime Telephone Number
Enclosed is a check	for the following amount made		·
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A) Di P,	ailing Address nendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Ameno Divisio The C 2415 i	Address dment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to Articles of Incorporation of

SEGURO QUE SI, INC.

(Name of Corporation as curre	ently filed with the Florida	Dept. of State)	
P13000070981			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	nis <i>Florida Profit Corporatio</i>	m adopts the following an	nendment(s)
A. If amending name, enter the new name of the corporation:	:		
NIA	•	.,	
ame 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 professional cornoration	Ih led" or the abbreviation "(on name must contain th	Caro "
3. Enter new principal office address, if applicable:	NA		
Principal office address <u>MUST BE A STREET ADDRESS</u>)			
	~ 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA		

		· - ·	
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address. 	ddress in Florida, enter the ess:	name of the	
Name of New Registered Agent N/A			
Hame by Hen Regimezed Agent		-	
(Florida	street address)		
New Registered Office Address:		, Florida	
	(City)	Zip Code)	,
			21
ew Registered Agent's Signature, if changing Registered Age	nt:		<u>.</u>
hereby accept the appointment as registered agent. I am familia	r with and accept the obliga	tions of the position.	1
			<u>5</u> 7
			234 221
Signature of New	Registered Agent, if changing	ık	ç; Çj)
heck if applicable			55
The amendment(s) is/are being filed pursuant to s. 607.0120+11	I) (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)

Example:

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.

X Change	PT	<u>John Doe</u>	
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
L) Change	S	MURRAY, CRYSTAL	1248 S JOHN YOUNG PRKWY
Add			KISSIMMEE, FL 34741
X Remove			
2) Change	***		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u>_</u>
Add			
Remove		-	
61 Change			
Add			
Remove			

(Attach addition	adding additional al sheets, if necessa	Articles, enter ch: ry). (Be specific)	ange(s) here:			
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If an amendmo	nt provides for an	exchange, reclassi	fication, or cancel	lation of issued	shares,	
provisions for	implementing the licable, indicate No.	amendment if not	contained in the a	<u>imendment itsel</u>	<u>lf:</u>	
	ncarie, maicaie (v)	-1)				
NIA						
						
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<u></u>						
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed. JU3 Effective date <u>if applicable:</u>	NE 25, 2021	
	(no more than 90 days after amendment file de	ate)
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirem epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shar	reholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the afficient for approval.	amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	wing statement nentts).
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selecte	irector, president or other officer – if directors or officers have done by an incorporator – if in the hands of a receiver, trustee, of the fiduciary by that fiduciary)	ve not been or other court
	PEREZ, NOEL E	
	P (Title of person signing) (Title of person signing)	