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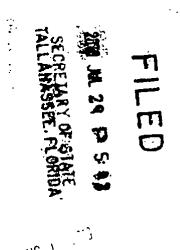
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:TIBURON INSU	RANCE BROKERS, INC.	
	4BER: P13000071471		
The enclosed Article	es of Amendment and fee are st	ibmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	MERCEDES EDITH MIMO	OSO	
		Name of Contact Perso	n
		Firm/ Company	
	18125 NW 84 AVE		
	HIALEAH, FL 33015	Address	
		City/ State and Zip Cod	e
ME	RCY@TIBURONIB.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
MERCEDES EDITI	H MIMOSO	786 at (837-1779
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a cheek	for 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)
Ar Di P.G	ailing Address nendment Section vision of Corporations O. Box 6327 Hahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of



TIBURON INSURANCE BROKERS, INC.

1913000071471	tion as currently filed with the Florida D	29 户 5 1
	ument Number of Corporation (if known)	SECRETARY OF STAT
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corporation</i>	
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w. "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "Co". A professional corp	
B. Enter new principal office address, if applicah		
(Principal office address <u>MUST BE A STREET AL</u>	ODRESS)	

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE B	rav.	
(Mulling address MAT BE A FOST OFFICE B		
	-	
D. If amending the registered agent and/or regist		name of the
new registered agent and/or the new registere	d office address:	
Name of New Registered Agent		
•	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligate	ions of the position.
Sig	nature of New Registered Agent, if changin	ng -

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	V	EFREM HERNANDEZ	2202 N 41 AVE
Add			HOLLYWOOD, FL 33021
X Remove			
2) Change	V	JOSE GUILLERMO MIMOSO	18125 NW 84 AVE
X Add			HIALEAH, FL 33015
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch rovisions for implementing the amer	ange, reclassificat	tion, or cancellation	on of issued share	es <u>.</u>
(if not applicable, indicate N/A)				
		,	· ,.	- 1
	<u> </u>			

	JUNE 10, 2019	
The date of each amendment	. ,	, if other than th
date this document was signed.		
Effective date if applicable:	JUNE 10, 2019	
rifective date <u>ii applicable.</u>	(no more than 90 days after amendment file date)	•
	this block does not meet the applicable statutory filing requirements, this dat ne Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(stre sufficient for approval.)
	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	nt
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	r
JULY	ř 19, 2019	
Signature _	Hunder Edith Mein	
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	MERCEDES EDITH MIMOSO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	