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C. LEWIS

SEP 1 8 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: LOS ANDES INSURANCE CORP
DOCUMENT NUMBER: <u>P13000071539</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hector ESPINOZA Name of Contact Person
105 Andes Insurance corp.
Miramy, FL, 33025 City/ State and Zip Code
GADOSAGAZ@HOTMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hector ESPINOZA at 786 247-4201
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

. Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

1 01 -	539	FILED 13 SEP 10 PM 4: 04 10 MEANAGSEE FLORIDA
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:		poration adopts the following amendment(s) to
A. If amending name, enter the new name of the contain the work many must be distinguishable and contain the work "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	d "corporation," "company," o ""Inc," or "Co". A profession	
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		W 20 Ave. 1, FL, 33016 SA.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	x 8642 0 Mirama 3302	claridge Dr. C, FL, S
D. If amending the registered agent and/or register		er the name of the
Name of New Registered Agent Hecto Name of New Registered Agent Hecto B647 New Registered Office Address: Mira	1.	, Florida 33025 (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer: CFO held. President, Treasure Changes should be noted	and/or I if necess rector titl Presiden = Chief n, Direct I in the fo wes the c	Director by sary) It by the file by the file; T= Tree Financial for would to be a light or would be a light	eing added: irst letter of the office title: asurer; S= Secretary; D= Director; The Officer. If an officer/director holds mode PTD. anner. Currently John Doe is listed as n, Sally Smith is named the V and S. Ti	icer/director being removed and title, name, and R= Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is nese should be noted as John Doe, PT as a Change,
X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add Remove	PT	i	HECTOR ESPINOZA	8642 Claridge Dr. Miramar, FL. 33025
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove		_		
5)ChangeAddRemove	<u></u>			
6) Change				

Add

Remove

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
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f an amondment	provides for an exch	ange reclassific	ation or cancell	ation of issued sho	rag
provisions for in	nplementing the ame	ndment if not co	ntained in the ar	nendment itself:	1031
(if not applie	able, indicate N/A)				
	 				
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the date of each amenament(s) adopt	ion:, if other than the
date this document was signed.	
Total Laboration	19 SEP 10 PM 4: 04
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 09/04/	12013
Signature	July 1
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
:	Hector ESPINOZA (Typed or printed name of person signing)
•	President
	(Title of person signing)