## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140002483173)))



H140002483173ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: KIM MARKS CPA

Account Number : I20120000072

: (305)895-5815

Fax Number

Phone

: (305)895-6273

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

4 0CT 23 PH 4: 25 SPARTICAL OF STATE BSION OF CORPORAGENE

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MIA INSURANCE SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 24 2014

T. CARTER

F46E D02/05 SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 OCT 23 AM II: 18

Articles of Amendment to Articles of Incorporation

MIA INSURANCE SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P13000076253 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1720 HARRISON STREET B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE 6-B HOLLYWOOD, FL 33020 C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: GUY BEN-SHALOM Name of New Registered Agent 1720 HARRISON ST, STE 6-B (Florida street address) HOLLYWOOD New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

ì

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: XChange	<u>PT</u>	John Do	96				
X Remove	<u> </u>	Mike Jones					
		Sally Smith					
X Add	<u>sv</u>	Daily of					
Type of Action (Check One)	Title		<u>Name</u>	Address			
I) Change		_	1.000	,			
Add							
Remove							
2) Change		_					
Add Remove							
3) Change		_					
Add							
Remove							
4) Change		_		-			
Add Add				<del></del>			
Remove							
5) Change		_					
Add							
Remove							
6) Change		<del></del>					
Add				<del></del>			
Remove							

-	sary). (Be specific)	<del></del>	
·			
		,	
,			
f an amendment provides for a provisions for implementing th	n exchange, reclassif	ication, or cancellati	on of issued shares.
nwaydalana fan l	e amendment if not (	contained in the ame	ndment itself:
(if not applicable, indicate N			
(if not applicable, indicate N			
(if not applicable, indicate h			
(if not applicable, indicate N			
(if not applicable, indicate N			
(if not applicable, indicate N			
(if not applicable, indicate N			

The date of each amendment(s) ad date this document was signed.	optioa:	, if other than the
Effective date if applicable:		<del></del> _
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) flicient 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	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(**************************************	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 10/23/20	114	
	Ver a	
Signature		<del></del>
	rector, president or other officer If directors or officers have not been	
selected		
appoint	ed fiduciary by that fiduciary)	
	GUY BEN-SHALOM	
•	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
•	(Title of person signing)	<del></del>