P13000078913

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED
2021 SEP 27 PH 8: 18
SECRETARY GE STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: IMMA INSURAN	CE AND FINANCIAL SE	RVICES INC		
	1BER: P13000078913				
	es of Amendment and fee are su	bmitted for filing.			
Please return ali com	espondence concerning this ma	tter to the following:			
	IMMA PIERRE				
		Name of Contact Perso	n		
	IMMA INSURANCE AND FINANCIAL SERVICES INC				
	Firm/ Company				
	6100 HOLLYWOOD BLVD	#520			
	Address				
	HOLLYWOOD, FL 33024				
		City/ State and Zip Cod	С		
	IMMAFINANCIAL@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
IMMA PIERRE		at (827-1515		
Namo	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check (for the following amount made	payable to the Florida Dep	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)		
An Di P,0	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

IMMA INSURANCE AND FINANCIAL SERVICES LLC			
(Name of Corporation as current	y filed with the Florida Dept. of State)		
P130000078913			
(Document Number of	f Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing am	endment(s) to
A. If amending name, enter the new name of the corporation:			
		The	e new
name 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."	A professional corporation name must	reviation "C	Corp.,"
	6100 HOLLYWOOD BLVD #520		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	HOLLYWOOD, FL 33024	SE	202
		<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6100 HOLLYWOOD BLVD #520	TARY	P 27
(Maning date ess <u>Marin 557 - 657 - 617 1 655 2 61</u>	HOLLYWOOD, FL 33024	229	
		-n:5	.⇔ ,⊸∞,
		<u> </u>	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address			
Name of New Registered Agent			
			
(Florida st	reet address)		
New Registered Office Address:	. Florida		
New Regimeres Office Main ess.	(City)	(Zip Code,)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the po	sition.	
Thereby accept the approximation and against a segment against against a segment against against against against a segment against a	, , ,		
Signature of Manual	Registered Agent, if changing		
Signature ty tvew t	regimered rigorii, y endingirig		
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Saily Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change	V	_	CEDRIC ALLEN SR	1015 GATEWAY BLVD
Add				SUITE 506
X Remove				BOYNTON BEACH, FL 33426
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
	
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	01/01/2017	
The date of each amendment(s) adoption: _ date this document was signed.	· · · · · · · · · · · · · · · · · · ·	, if other than the
_	(no more than 90 days after amena	ment (ile date)
Note: If the date inserted in this block does document's effective date on the Department		g requirements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors v	vithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		east for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting		
"The number of votes east for the an	nendment(s) was/were sufficient for ap	proval
by		
(v	voting group)	
Dated 9/24/	2021	
Signature /	\sim	
By a director, prosected, by an in	esident or other officer – if directors or neorporator – if in the hands of a receiv- ary by that fiduciary)	
IMMA P	IERRE	
	(Typed or printed name of person sig	ning)
PRESIDE	ENT	
	(Title of person signing)	