## P13000180510

(Req	uestor's Name)	
(Addi	ress)	
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(ridd)	(233)	
(City/	State/Zip/Phon	e #)
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06/27/14--01019--015 \*\*35.00

SECRETARY OF STATE

APPROVED AND FILED



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>J &amp; A INSURAN</u>	CE SERVICES INC	
DOCUMENT NUMB	ER: <u>P13000080510</u>		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
			rc.
_		Name of Contact Per	
-		MBS INC	
		Firm/ Company	
-	2	341 EGREMONT DR	
		Address	
-	<u>OR</u>	ANGE PARK, FL 320	
		City/ State and Zip Co	ode
		RDO_MIRALLES@HOTMA	
	E-mail address: (to be u	sed for future annual repo	ort notification)
For further information	concerning this matter, pleas	se call:	
EDUAR	DO MIRALLES	at ( <u>786</u>	) 546-4490
Name of	Contact Person	Area (	Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ame Divis Clifto	et Address Indment Section Ission of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

1&A	IINS	URA	NCE	SER\	/ICES	INC
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(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

name must be distinguishable and cons" "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "In	c," or "Co".					eviatio	n
B. Enter new principal office address. i	f applicable:					_		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C								
			<u></u> .					
D. If amending the registered agent and new registered agent and/or the new			Florida, ente	r the name	of the		<b>ند</b>	
Name of New Registered Agent	Jessica	Rivero				SECRE	IIL 1	
	5153 SW (F)	142 Pl Iorida street addi	ess)			TARY TASSE	N 27	FILED
New Registered Office Address:	Miami			_, Florida_	33175	70,70	PH	Ö
		(City)			(Zip Code)	TATE ORIDA	2: 27	
New Registered Agent's Signature. if ch I hereby accept the appointment as registe			l accept the a	bligations	of the position	<b>n</b> .		
New Registered Agent's Signature, if ch	Mi'ami	(City)		-·	33175 (Zip Code) of the position	OF STATE	PM 2: 27	1

Signature of New Registered Agent, if changing

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> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally <u>Şmith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change AddX Remove	VPSD	JESSICA JIMENEZ	5153 SW 142 PL MIAMI, FL 33175
2) Change _X Add Remove	VPSD	JESSICA RIVERO	5153 SW 142 PL MIAMI, FL 33175
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).		s) here:		
				***
	<del></del>		<del></del>	
				<u>.</u>
				<del></del>
		<del> </del>	<del>_</del> .	
		<del></del>		
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification adment if not conta	on, or cancellatio ined in the amen	n of issued shares dment itself:	i.
			1	***
	- VAI-1-1-1-1			
		<u>.</u>		
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·	· · · · · ·			
	·			

The date of each amendment(s) adoption: 06/01/2014		
Effective date if applicable:	06/01/2014	
· ——	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
✓ The amendment(s) was/were by the shareholders was/were suff	adopted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved 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	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated <u>06/01/2014</u>		
Signature	AFNEZ ( PRESIDENT/SECRETARY/DIRECTOR)	
(voting group)  ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  ☐ Dated06/01/2014		