P14000002151

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COVER LETTER

Division of Corporations NAME OF CORPORATION: _ FLOOD RISK AMERICA, INC. DOCUMENT NUMBER: P14000002151 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Guvard Name of Contact Person A.B.S. Associates Inc. Firm/ Company 1897 Palm Beach Lakes Blvd #219 Address West Palm Beach, FL 33409 City/ State and Zip Code a.b.s.associates@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 478-1451

Area Code & Daytime Telephone Number Michael Guyard Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLOOD RISK AMERICA, INC.			
(Name of Corporation	as currently filed with the Florid	da Dept. of State)	
P14000002151			
(Document	t Number of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corpor	ation adopts the folio	owing amendment(s) to
A. If amending name, enter the new name of the corp	oration:		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	r "Co". A professional corpor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
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 off			
Name of New Registered Agent			
			- ,
	(Florida street address)		
New Registered Office Address:		, Florida	(()
	(City)		Zip Code)- 🔄 😽
			-11
N 0 1 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.4		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as		ligations of the positi	on,

Signature of New Registered Agent, if changing

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)

6) ____ Change

Add

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 V Mike Jones \underline{X} Add SVSally Smith Type of Action Title Name Address (Check One) VΡ Tiffany Largey 720 LUCERNE AVE. #567 1) ____ Change LAKE WORTH, FL 33460 Add __ Remove 2) Change ___ Add Remove ____ Change ____ Add __ Remove 4) ____ Change ____ Add _ Remove 5) ____ Change _ Add Remove

tach additional sheets, if necessary).	(Be specific)			
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	7- Pla M			_
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n amendment provides for an excl	hange, reclassification, or cancellation of issued share	v.		
ovisions for implementing the ame	endment if not contained in the amendment itself:	7	, ;	۲
(if not applicable, indicate N/A)			-:	
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The date of each am date this document wa	ndment(s) adoption:s signed.	, if other than the
Effective date <u>if app</u>	cable:	
	(no more than 90 days after amendment file date)	
Note: If the date ins document's effective	rted in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	ate will not be listed as the
Adoption of Amendi	nent(s) (CHECK ONE)	
☐ The amendment(s) action was not req	was/were adopted by the incorporators, or board of directors without shareholder actived.	on and shareholder
	was/were adopted by the shareholders. The number of votes cast for the amendments was/were sufficient for approval.	(s)
The amendment(s) must be separately	was/were approved by the shareholders through voting groups. The following statem provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number	of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Date	10/3/23	
	ature Manylongay	
C	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	rt
	Tiffany Largey	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	
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