# P14000003416

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TALLAHASSEE FLORIDA

APR 1 4 2014 C. CARRUTTE...

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PROSPER	ITY INSURANCE BENEFITS, INC				
DOCUMENT NUMBER: P14000003416					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
GARY FILLWEBER					
	Name of Contact Person				
PROSPERITY IN	ISURANCE BENEFITS, INC				
	Firm/ Company				
93 SAXONY B					
<del>-</del>	Address				
DELRAY BEACH	1, FL 33446				
	City/ State and Zip Code				
garyfillweber@gmail	l.com				
	sed for future annual report notification)				
For further information concerning this matter, please call:					
GARY FILLWEBER	at (561 ) 703-1467				
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	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

#### Articles of Amendment to Articles of Incorporation



# PROSPERITY INSURANCE BENEFITS 4N@ -7 PH 2: 16

(Name of Corporation as currently filed with the Florida Dept. of State)

## P1400003416

SECRETARY OF STATE [ALLAHASSEE, FLORIDA)

(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:

	The r
ame must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, vord "chartered," "professional association," or the abbrevio	poration," "company," or "incorporated" or the abbrevial " or "Co". A professional corporation name must contain ation "P.A."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	and duese in Florida, out on the name of the
<ul> <li>It amending the registered agent and/or registered office</li> </ul>	e audress in Fiorida, enter the hame of the
. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	
Name of New Registered Agent  No New Registered Agent	
Name of New Registered Agent N/A	ddress:

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>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	HELENA FILLWEBER	93 SAXONY B	
Add			DELRAY BEACH, FL 33446	
Remove				
2) Change	S	GARY FILLWEBER	93 SAXONY B	
Add			DELRAY BEACH, FL 33446	
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	icles, enter change(s) here: (Be specific)
J/A	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
If an amount mount des for an amount	tange, rectassification, or cancellation of issued shares,
If an amendment provides for an exch	udment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: March 1St, 2014		if other than th		
date this document was signed	l.	14 APR -7 PM 2: 17		
Effective date if applicable:	March 1st, 2014			
	(no more than 90 days after a	mendment filedatel TAKE STATE TALLAHASSEE, FLORIDA		
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of voeree sufficient for approval.	otes cast for the amendment(s)		
	re approved by the shareholders through voting greed for each voting group entitled to vote separately			
"The number of vote	s cast for the amendment(s) was/were sufficient fo	r approval		
by		"		
	(voting group)			
action was not required.	re adopted by the board of directors without share			
The amendment(s) was/we action was not required.	re adopted by the incorporators without sharehold	er action and shareholder		
Dated Mai	ch 20th, 2014			
Signature _	Lary Fillweber			
	By a director president or other officer - if director			
	elected, by an incorporator - if in the hands of a re ppointed fiduciary by that fiduciary)	eceiver, trustee, or other court		
•	••			
	Gary Fillweber			
	(Typed or printed name o	f person signing)		
	President			
	(Title of person s	igning)		