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TALLARIA TO AM II: 37

R. WHITE DEC 14 2017

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: _	Ame	Mara Insu	vance.	Agency, Iwc.
DOCUMENT NUMBER:				<i>δ J</i>
The enclosed Articles of Amendn	 <i>ient</i> and fee are su 	bmitted for filing.		
Please return all correspondence c	 oncerning this ma 	tter to the following:	:	
	American	Mame of Contact A Insurance Firm/ Compa	ive 2 t Person	enty
	 71076 Su			
		87th Au Address		
	mani,		,	
		City/ State and Zi	ip Code	
•	raguela as	a e circia i a tomo	anco mi	4.
E-mai	address: (to be u	n ericarainsore sed for future annual	report notif	ication)
For further information concerning	this matter, plea	se call:		
Raquel Rai	Muz	at (3	ر که.	363-5994 Daytime Telephone Number
Name of Contact F	erson	Α	rea Code &	Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Florid	la Departme	nt of State:
\$35 Filing Fee 37 43. Cert	75 Filing Fee & ificate of Status	Certified Copy (Additional copy enclosed)	y is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre	<u>55</u>	:	Street Add	ress
Amendment Sec			Amendment	
Division of Cor	porations 			Corporations
P.O. Box 6327 Tallahassee, FL	 32314		Clifton Buil	ding tive Center Circle
		,		are demondrate

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

17 DEC 11 AH 11: 37

Amer	ream Insurance	Leny For	C PYR LAR	
(<u>N</u>	ame of Corporation as currently t	iled with the Florida I	Dept. of State)	
	P140000 24	852		
	(Document Number of C	Corporation (if known)		,
Pursuant to the provisions of section its Articles of Incorporation:	 n 607.1006, Florida Statutes, this <i>Fl</i> 	orida Profit Corporatio	n adopts the following am	ieńdment(s) to
A. If amending name, enter the n	ew name of the corporation:			1
	NA		The	e new
"Corp.," "Inc.," or Co.," or the	d contain the word "corporation," designation "Corp," "Inc," or "Co ssociation," or the abbreviation "P.	o". A professional corp	orporated" or the abbre	viation
B. Enter new principal office add (Principal office address MUST B		NA		
				1
C. Enter new mailing address, it (Mailing address MAY BE A F		<u> </u>		
				<u>:</u>
	ent and/or registered office addressibe new registered office address:	s in Florida, enter the	name of the	
	,	1		
Name of New Registered 2	igent Ul	A		
	(Florida street	(address)		
New Registered Office Add		. –	, Florida	
	(C	ity)	(Zip Code,	'
New Registered Agent's Signatur	 e, if changing Registered Agent:			
I hereby accept the appointment as	registered agent. I am familiar wit	h and accept the obliga	tions of the position.	1
	Signature of New Reg	ristered Agent, if changi	ng	

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	(EO	Alex Porrua	7026 SW 87th fue
X Add			Mani, FL 33173
Remove			
2) Change	D	Alexis Cutienez	7026 SW 87th Le
X Add			Mani, PL 33173
Remove			
3) Change		<u> </u>	
Add			<u> </u>
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			;
Add			
Remove			

	11	
•		
F. If amending or add	ng additional Articles, enter change(s) here:	
· (Attach additional sh	eets, if necessary). (Be specific)	
	W/A	
	11	
••		_
		-
		-
· · · · · · · · · · · · · · · · · · ·		
F. If an amendment n	ovides for an exchange, reclassification, or cancellation of issued	chares
provisions for imp	lementing the amendment if not contained in the amendment itse le, indicate N/A)	<u>If:</u>
(if not applicat	LI .	
	NA NA	
		·
-		
	Page 3 of 4	

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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
The control of the co	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	 lopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
The amendment(s) was/were apmust be separately provided for	proved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	tifor the amendment(s) was/were sufficient for approval	
by		1
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	12/6/17	
Signature	Kould	
select	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	1
	Raque Radrique 2 (Typed or printed name of person signing)	
	(Title of person signing)	
		1
		ı