P14000039100

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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12/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Underwrit	ers Support G	Froup, Inc.	
DOCUMENT NUMBER: P	14000039	100		
The enclosed Articles of Amend	dment and fee are su	bmitted for filing.		
Please return all correspondence	e concerning this ma	tter to the following:		
Davi	d Lassoff			
		Name of Contact Person		
Underwriters Support Group, Inc				
		Firm/ Company		
509	South Chic	ckasaw Trl Un	it 222	
		Address		
Orla	ndo, Fl 328	325		
		City/ State and Zip Code	;	
usgdlas	soff@yah	oo.com		
	~ .	ed for future annual report	notification)	
For further information concern	ing this matter, pleas	e call:		
David Lassoff		719	. 640-6653	
Name of Contact Person		Area Coo	640-6653 de & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made i			
	3	,		
	13.75 Filing Fee & crtificate 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 Add			Address	
Amendment S Division of C			ment Section	
P.O. Box 632	•	Division of Corporations Clifton Building		
Tallahassee, I		2661 Executive Center Circle		
		Tailaha	ssee, FL 32301	

Articles of Amendment to

Articles of Incorporation

FILED

Underwriters Support Group, Inc.

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

P14000039100

2814 DEC 29 PM 4: 37

(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

If amending name, enter the new name	of the corporation:	
	the word "corporation," "company," or "in on "Corp." "Inc," or "Co". A professional c n," or the abbreviation "P.A."	
Enter new principal office address, if a incipal office address <u>MUST BE A STRI</u>		
Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u>		
new registered agent and/or the new re	r registered office address in Florida, enter the egistered office address:	ne name of the
new registered agent and/or the new re	egistered office address:	ne name of the
new registered agent and/or the new re	egistered office address: (Florida street address)	lorida
new registered agent and/or the new re Name of New Registered Agent	egistered office address: (Florida street address)	

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	T	Raymond F. Rodriques`	10761 SW 172 STREET		
Add			Miami, FI 33157		
Remove					
2) Change	<u>T</u>	Barry Sobel	1625 Morgans Mill Circle		
Add			Orlando, FL 32825		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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		III, LIBERTON II			
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provision	ndment provides fonts for implementing of applicable, indicate the control of the	the amendment if	lassification, or ca not contained in	ncellation of issued the amendment itsel	<u>shares,</u> f <u>:</u>
					
		· -			
			120 12 10172 11		
•			 		

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
Effective date in applicable;	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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 the amendment(s) was/were sufficient for approval	
by	**	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_12/19/20	14	
Signature		
(By a di selected	rector, president or ther officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	David Lassoff	
•	(Typed or printed name of person signing)	
	CEO/President	
•	(Title of person signing)	