P14000059183

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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: ALL INSURANCE DOCTORS, INC. DOCUMENT NUMBER: P14000059183 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IAN ILLYCH MARTINEZ, ESQ. Name of Contact Person **BELLO & MARTINEZ, PLLC** Firm/ Company 800 DOUGLAS ROAD, SUITE 149 Address **CORAL GABLES FL 33134** City/ State and Zip Code imartinez@binrlawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IAN ILLYCH MARTINEZ, ESQ. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



Articles of Amendment Articles of Incorporation of

(<u>Name</u> P14000059183	of Corporation as curren	tly filed with the	Florida Dent, of State)
P14000039183	(Document Number	of Corporation (if	known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	-	. ,	orporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the cornoration:		
	iation "Corp," "Inc," or	"Co". A professi	The new or "incorporated" or the abbreviation ional corporation name must contain the
B. <u>Enter new principal office address.</u> (Principal office address <u>MUST BE A S</u>		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent an new registered agent and/or the new			nter the name of the
Name of New Registered Agent	BELLO & MARTINEZ,	PLLC.	
	800 DOUGLAS ROAD,	SUITB 149	
	•	reet address)	77104
New Registered Office Address:	CORAL GABLES	(City)	, Florida 33134 (Zlp Code)
New Registored Agent's Signature, if c	ranging Registered Agent	:	

ALL INSURANCE DOCTORS, INC.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

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	PT	<u>Jolun Doe</u>	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	GISELE L. BRAITHWAITE	8209 SW 8 COURT
Add			MIAMI FL 33143
X Remove			
2) Change			
Add			
Remove			
3) Change	,		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			Man-
Add			
Remove			

E. If smending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	

	08/13/2015	
The date of each amendment date this document was signed.		if other than the
Tiffeether date if small sale has	08/13/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u></u>
	this block does not meet the applicable statutory filing requirements, this date to Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for 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)	
	(voting group)	
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	9/10/15	
_	7/2	
Signature **	a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator — if in the hands of a receiver, trustee, or other court	
app	pointed fiduciary by that fiduciary)	
	FERNANDO ESPINOSA, JR.	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	