## P14000011898

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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2017 MAY -2 PM 12: 30
SECRETARY OF STATE
ALLAHASSEF FIRE

Amend

MAY 05 2017 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RDZ INSURANC	E, INC.	
DOCUMENT NUMB	ER: P14000077898		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	MARTA RODRIGUEZ		
-		Name of Contact Perso	on
	RDZ INSURANCE, INC.		
-		Firm/ Company	
	10621 TUCKER JONES RE	)	
-		Address	
	RIVERVIEW, FL 33578		
	, 1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City/ State and Zip Co	de
ADMI	N@RDZINSURANCE.CO	М	
	E-mail address: (to be u	sed for future annual repor	1 notification)
For further information	concerning this matter, pleas	se call:	
MARTA RODRIGUE	Z	at (	677-3354
Name o	f Contact Person		ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
Amer Divis P.O.	ing Address Indment Section It ion of Corporations Box 6327 Inassee, FL 32314	Amen Divisi Clifto	Maddress  dment Section  on of Corporations  n Building  Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name	of Cornoration as currently file	d with the Florida Dept. of State)	
P14000077898	or portuned as ear reining the	the Fortal Dept. of State,	
	(Document Number of Corp	poration (if known)	<u></u>
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Flori</i>	da Profit Corporation adopts the following amend	lment(s) to
A. If amending name, enter the new na	me of the corporation:		
		The r	new
	ation "Corp," "Inc," or "Co".	company," or "incorporated" or the abbreviat A professional corporation name must contain	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			_
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		2017 MAY -2 PM 2: SECRETARY OF STALLAHASSEE, FLOO	FILED
D. If amending the registered agent an new registered agent and/or the new		1 Florida, enter the name of the	
	MARTA RODRIGUEZ	>	
Name of New Registered Agent	10621 TUCKER JONES RD		
	(Florida street ad	dress)	
New Registered Office Address:	RIVERVIEW	Florida 33578	
	(City)	(Zip Code)	<del></del>
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar with a	nd accept the obligations of the position.	

## 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.

X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MARTA RODRIGUEZ	10621 TUCKER JONES RD
X Add			RIVERVIEW, FL 33578
Remove			
2) X Change	VP	JOSE A RODRIGUEZ	10621 TUCKER JONES RD
Add			RIVERVIEW, FL 33578
Remove			
3) Change			The same of the sa
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			- 1/
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
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· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	<del></del>

05/01/2017	
The date of each amendment(s) adoption:date this document was signed.	_, if other than the
05/01/2017	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will need document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
04/24/2017	
Dated	
Signature (Partition of the Control	
(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 court	
appointed fiduciary by that fiduciary)	
JOSE A RODRIGUEZ	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	44.