P14000089561

(Re	equestor's Name)		
(Ac	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	 ∋ #)	
PICK-UP	☐ WAIT	MAIL	
(Ви	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

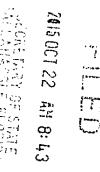




400277992424

10/22/15--01017--003 **35.00

OCT 23 2014 C. CARROTHERS



COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: 51/ LUSURINGE Agency, INC II DOCUMENT NUMBER: D14000089561					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person J1/ INSURANCE ASENCY, INC TI Firm/ Company (781 W) Flagler St Address Minui, Fl. 33/44 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: 1 vivo C Peux at (305) 4/8-0143					
	& Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy}\$\$ (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Street A Amendment Section Amendm	ddress tent Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

14 Lusurance Asency. Jax II (Name of Corporation as currently filed with the Florida Dept. of State)
·
P140000 89561
(Document Number of Corporation (if known)
and the contract of the contra
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
+/ 0
Name of New Registered Agent Sulio (, Youa .
6781 W Flagler St.
(Florida street dddress)
New Registered Office Address: Plani , Florida 33/44'
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: 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

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 Do	<u>De</u>			
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change						
Add						
Remove						
2)Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add	·					
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

amending or adding additional Arti	(Be specific)
·	
	<u> </u>
an amendment provides for an exchorovisions for implementing the american (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	· ·

	, if other than the
date this document was signed.	
Effective date if applicable: 10/19/15	
Effective date if applicable: 10/15/15 (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, the document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ient(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following star must be separately provided for each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehaction was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
Dated /0/19/15	
Signature 20 fea-	
(By a director, president or other officer - if directors or officers have not b	een
selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
appointed inductary by that inductary)	
Julia C. Pena	
(Typed or printed name of person signing)	
1/ P	
(Title of person signing)	
(F	