## PK0000083332

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: JC INSURANCE,	INC.	
DOCUMENT NUMBE	P15000008332		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
Н	ENRY RUIZ		
		Name of Contact Person	1
H	& L TAX AND ACCOUN	TING	
		Firm/ Company	
1	4331 SW 120 STREET SU	JITE 105	
_		Address	_
M	IIAMI FLORIDA 33186		
		City/ State and Zip Code	e
HENRY	RUIZ@LIVE.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
HENRY RUIZ		at ( 305	752-4230
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 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)
Ameno Divisio P.O. B	ng Address diment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JC INSURANCE, INC.

(Name o	f Corporation as current	tly filed with the Florida Dept. of State)	
	P150000083	332	
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(	s) to
A. If amending name, enter the new na	me of the corporation:		
N/A		En new	
	ation "Corp," "Inc," or	الم الله المراجع المرا	١
B. Enter new principal office address, (Principal office address MUST BE A S		N/A STATE OF THE PARTY OF THE P	う
(Frincipal office dualess MOST BE AS.	(REET ADDRESS)	75 %	
		A STATE OF THE STA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	YORDANO OLIVER	<del></del>	
in the of the state of the stat	11520 SW 144 PATH		
	(Florida si	treet address)	
New Registered Office Address:	MIAMI	33186 , Florida_	
		(City) (Zip Code)	
New Registered Agent's Signature, if cl	hanging Registered Agen	t:	
		with and accept the obligations of the position.	
	Vallen		
	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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	VENANCIO OLIVER	11520 SW 144 PATH
X Add			MIAMI FLORIDA 33186
Remove			
2)Change			<del> </del>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change		_	
Add			
Remove			
O Characa			
6) Change			
Add			
Remove			

	nending or adding additional Articles, énter change(s) here: ch additional sheets, if necessary). (Be specific)
N/A	
,	
<u>If ar</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
/ <b>A</b>	(y not applicable, indicate IVA)
/A	

	AUGUST 21, 2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
AU	GUST 21, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment j	file date)
Note: If the date inscrted in this ledgenderic document's effective date on the De	plock does not meet the applicable statutory filing requestrates of State's records.	uirements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for afficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action	on and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action ar	nd shareholder
AUGUST Dated Signature	21, 2016 Valle	
	lirector, president or other officer - if directors or office	ers have not been
	d, by an incorporator – if in the hands of a receiver, trus ted fiduciary by that fiduciary)	stee, or other court
	YORDANO OLIVER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	