

P15 0000 196 39

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JAN 14 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CIM SPECIALTY INSURANCE FLORIDA, INC.

DOCUMENT NUMBER: P15000019639

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRVIN M. CARBALAN DEL VALLE

Name of Contact Person

CIM SPECIALTY INSURANCE FLORIDA, INC.

Firm/ Company

50 BISCAYNE BLVD. # 714

Address

MIAMI, FL 33132

City/ State and Zip Code

imc@cimspecialty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRVIN M. CARBALAN DEL VALLE

Name of Contact Person

at (787) 620-0800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

CIM SPECIALTY FLORIDA, INC.

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

PI5000019639

(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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

CIM SPECIALTY INSURANCE FLORIDA, INC.

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**)

50 BISCAYNE BLVD. # 714

MIAMI, FLORIDA 33132

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

50 BISCAYNE BLVD. # 714

MIAMI, FLORIDA 33132

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:

Name of New Registered Agent MIRTHA GUERRA AGUIRRE

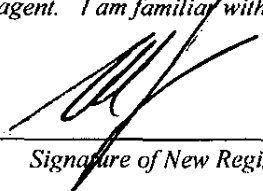
999 PONCE DE LEON BLVD. SUITE 1030

(Florida street address)

New Registered Office Address: CORAL GABLES, Florida 33134
(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

(Attach additional sheets, if necessary)

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.

Example:

X Add SV Sally Smith

Address

 Remove

Remove

 Remove

Remove

Remove

Remove

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

01/06/2016
The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 01/06/2016

(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 not be listed as 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(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.

01/05/2016
Dated _____

Signature _____

(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)

IRVIN M. CARBALAN DEL VALLE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)