## P 150000044318

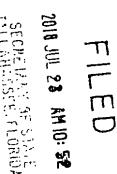
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: DOLPHIA	ASSURGUCE	CORP.		
	18: P(5000				
The enclosed Articles of	Amendment and fee are s	ubmitted for filing.			
Please return all correspo	ondence concerning this in	atter to the following:			
_	RAMON Q	Name of Contact Person	nDes		
_	DolPHIN ASSURGNCE CORP				
	6923 NI	Firm/ Company  W 77 Th AUC  Address  F( 33)((			
_	Vi Hbei	Address FL 33166 City/ State and Zip Code	<del></del>		
E-mail address: (to be used for future annual report notification)					
	Tesus Heera	u loz at ( 786). Area Code &	445 - 2200		
Name of	Contact Person	Area Code &	: Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Departme	ent of State:		
\$35 Filling 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)		
• Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Clitton Bui	n Section Corporations		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

οť

DOLPHIN Assurance Co	okp.
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P150000 44311	8
	l'Corpotation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
P/12	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation"	Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	D/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DA SSC FRANCE
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent  PA	
(Flgrida str New Registered Office Address:	vet address), Florida (Cny) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent Thereby accept the appointment as registered agent. Tam familiar	
- V/p	Cogistered Agent, if changing
Signature of New I	Cegistered 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> <u>John</u>	Duc	
X Remove	V Mike	: <u>Iones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	_ <u>'</u>	Jose A Santawa	6923 NW 77th AVE
_¥_ ∧dd			Mixui FL 33166
Remove			
2) Change		IMAN GONZALOZ	6923 NW 77 thave
X Add			MiANI FL-30166
Remove	1	Carlos R Gonzaloz	6923 NW 77th Ave
_★ Add			hei Ami . FL- 33166.
Remove			<del></del>
4) Change	· <del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding a (Attach additional sheets,	il necessary). (B   Phi	e specific)			
· <del></del>				<del></del>	
	<del></del>			· <del>_</del>	<del></del>
					······································
		<del></del>			
. If an amendment provid provisions for impleme (if not applicable, in	nting the amendm dicate N/A) /	ent if not conta	ined in the ame	ndment itself:	<u>.</u>
	Y/A		<del></del>		<del></del>
	·				
- <del></del>	<del></del>			<del></del>	<del></del>
		<del></del>			<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment jile date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	will not be fisted as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
hy	
☐ 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.  Dated	<u></u>
<u>Mesident</u>	
(Title of person signing)	