P150000 46947

(Re	equestor's Name)		
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(A	ddress)		
(C	ity/State/Zip/Phone #)		
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORAT	ΠΟΝ:All Insurance 2 In	ic			
DOCUMENT NUMBER	D16000046047	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
		Gamil Kha	arfan		
		Name of Conta	act Person	1	
_	Firm/ Company				
		90 SW 3rd St	#1605		
	Address				
		Miami. FL 331	.30		
_	City/ State and Zip Code				
	all	insurancel@yah	00.COII1		
- 1104	E-mail address: (to be us	ed for future aimi	ıal report	notification)	
For further information concerning this matter, please call:					
Gamil Kharfan		at (786	de & Daytime Telephone Number	
Name of C	Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Certified Cop (Additional co- enclosed)	Dy	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend Divisio P.O. Bo	g Address ment Section in of Corporations ox 6327 ssee. FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

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914.812.4 914.812.4	707 i 74 09	وجراج	AP 1285
31 1 (1)	,		

•	Articles of Incorporation	BIA (RICH OF CRUB 1997)
All Inc	urance 2 Inc.	15 JUN -2 PM 1: 34
(Name of Co	rporation as currently filed with the Florida	Dept. of State)
I	0150000 46941	7
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. its Articles of Incorporation:	. Florida Statutes, this <i>Florida Profit Corporati</i>	on adopts the following amendment(s) t
A. If amending name, enter the new name o	f the corporation:	
		The new
	the word "corporation," "company," or "ind "Corp," "Inc," or "Co". A professional co or the abbreviation "P.A."	
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREI</u>		
C. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	(CE BOX)	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the istered office address:	e name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(Ciņ)	(Zip Code)
Non-Bosinson d America Clare const. (6 ch const	to - Wanta and A and	
<u>New Registered Agent's Signature, if changi</u> I hereby accept the appointment as registered a	ing Registered Agent: agent. I am familiar with and accept the obliga	ations of the position.
		•
	Signature of New Registered Agent, if chang	ring

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: XChange	<u>PT</u>	Jolin Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Gamil Kharfan	90 SW 3rd St apt1605
X Add			Miami. FL 33130
Remove			
2) Change	D	David Martinez	90 SW 3rd St apt1605
X Add			Miami. FL 33130
Remove			
3) Change	44.		
Add			****
Remove			********
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamora			

,	(Be specific)
- tentral control of the control of	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:

The date of each amendment(s) adoption	a:	, if other than the
date this document was signed.		\$1.5° 1.7 # Kings (1.5)
Effective date if applicable:	5 /29/2015	DIM(BLEFF) GORD SEATONS
	(no more than 90 days after am	endment file date) 15 JUH - 2 PM 1: 34
Note: If the date inserted in this block delocument's effective date on the Departme		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient		es cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v		
"The number of votes cast for the	amendment(s) was/were sufficient for	approval
by		."
	(voting group)	
The amendment(s) was/were adopted by action was not required. The amendment(s) was/were adopted by action was not required.		
Dated 05/2	9/2015	
Signature	mie Kha	
	president or other officer - if directors	
•	n incorporator – if in the hands of a reconciary by that fiduciary)	eiver, trustee, or other court
••	C = 21/1	
	Gamil Kha	artan
	(Typed or printed name of person	signing)
· 	Preside	evrt
	(Title of person signin	<u> </u>