

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100292521771

11/28/16--01013--008 **35.00

10V 3 0 2016 R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: <u>O Insurance</u> of Florida Inc. DOCUMENT NUMBER: <u>P150000 53236</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Iverthey Rikey					
Name of Contact Person O Insurance of Florida Inc.					
2531 NW 72nd Pive Ste A					
Miami FL 333/					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
E-may address: (to be used for Future annual report notification)					
For further information concerning this matter, please call:					
Sandy Alduna at 18-4, 245-8191					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
Tallahassee, FL 32301					

Articles of Amendment Articles of Incorporation 16 NOV 28 PM 1: 18 Surance (Name of Corporation as currently filed with the Florida Dept. of State) (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: 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 <u>MUST BE A STREET ADDRESS</u>)

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: Name of New Registered Agent

(Florida street address) New Registered Office Address:

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: <u>X</u> Change	PT John	<u>Doe</u>			
X Remove	<u>V</u> <u>Mike Jones</u>				
X Add	SV Sally	Smith			
Type of Action (Check One) 1) Change Add Remove	Title VP	Sandy Alduna	Address 4210 SW 22nd Wa Savie Fl. 333/f		
2) Change Add Remove					
3) Change Add Remove					
4) Change Add					
Remove 5) Change Add					
6) Change Add					
Remove					

Timen additional speeds, y neces	nal Articles, enter change(s) here: essary). (Be specific)
	<u> </u>
	N ('
f an amendment provides for a	an exchange, reclassification, or cancellation of issued shares, the amendment if not contained in the amendment itself:
tic is the state of the state o	N/A)
(if not applicable, indicate i	· · · · · · · · · · · · · · · · · · ·
(if not appticable, indicate i	· · · · · · · · · · · · · · · · · · ·
(if not appticable, indicate i	
(if not appticable, indicate i	NA
(if not appticable, indicate i	NIA
(if not appticable, indicate i	NIA

The date of each amendment(s) a	dention	, if other than the
date this document was signed.	doption:	, is other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment afficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	N/P/	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
/	11-21-2016	
Dated// Signature	Shoff S fly	
	lirector, president or other officer – if effectors or officers have not be	en
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other c	
appoin	Licoffrey Riley	
	(Typed or printed name of person signing)	
	<u>Presiden</u> t	
	(Title of person signing)	