P150000 18099

| (Re | equestor's Name) | |
|-------------------------|-------------------------|-----------|
| (Ac | ddress) | <u>.</u> |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (D) | ocument Number) | |
| (Di | ocament Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | J. HORNE | |
| | J. HORNE JUN - 6 202 | 3 |
| | | : |
| | | |

Office Use Only



400408391654

06/06/23--01008--018 **43.75

2023 JUN -6 AMII: 5

RECEIVED

SECRETARY OF

)23 JUH -6 AMTH:

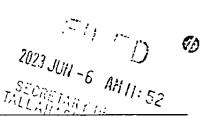
COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | DRATION: MB FINANCIAL. | AND INSURANCE SERV | ICES INC. | |
|--|---|--|--|--|
| | 1BER: P15000078099 | | · · · · · · · · · · · · · · · · · · · | |
| | es of Amendment and fee are su | bmitted for filing. | | |
| Please return all corr | respondence concerning this ma | tter to the following: | | |
| | BARBARA MIGUEL | | | |
| | _ | Name of Contact Persor | 1 | |
| | MB FINANCIAL AND INSU | URANCE SERVICES INC | , | |
| | - | Firm/ Company | | |
| | 66 W Flagler St #900-9189 | | | |
| | - | Address | | |
| | Miami, FL 33130 | | | |
| | | City/ State and Zip Code | e | |
| | bmiguel@mbfinancialins.com | n | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further informati | on concerning this matter, please | | 2440396 | |
| Name of Contact Person | | at (Area Co | de & Daytime Telephone Number | |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | artment of State: | |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | S43.75 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 | | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | |

Tailahassee, FL 32303

Articles of Amendment Articles of Incorporation of



| (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 amendments articles of Incorporation: A. If amending name, enter the new name of the corporation: The new 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, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Miami, FL. 33130 C. Enter new mailing the registered agent and/or registered office address: Name of New Registered Agent BARBARA MIGUEL 66 W Flagler St #900-9189 (Florida street address) Miami Registered Office Address: Miami New Registered Office Address: Miami City New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position. | MB FINANCIAL AND INSURANCE S | ERVICES INC. | "以及特别的"。 | 7.0 | |
|--|--|--|--|---------------|--|
| (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(sits Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new manner 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) Miami, FL., 33130 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Miami, FL., 33130 D. If amending the registered agent and/or registered office address: Name of New Registered Agent BARBARA MIGUEL 66 W Flagler St #900-9189 (Florida street address) Miami Florida City . Florida City Code; New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: | (<u>Name</u> | of Corporation as curren | tly filed with the Florida Dept, of State) | • | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new 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) Miami, FL, 33130 C. Enter new mailing address MAY BE A POST OFFICE BOX Miami, FL, 33130 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 BARBARA MIGUEL 66 W Flagler St #900-9189 (Florida street address) Miami Florida Florida Sal3130 (City) Florida Sal3130 (City) New Registered Agent's Signature, if changing Registered Agent: | P15000078099 | | | | |
| A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "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, if applicable: (Mailing address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent BARBARA MIGUEL | | (Document Number | of Corporation (if known) | | |
| The new 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) 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 BARBARA MIGUEL | | 1006, Florida Statutes, this | Florida Profit Corporation adopts the following ame | endment(s) to | |
| The new 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) 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 BARBARA MIGUEL | A. If amending name, enter the new n | ame of the corporation: | | | |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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) B. Enter new mailing address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Miami, FL, 33130 C. 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 BARBARA MIGUEL 66 W Flagler St #900-9189 (Florida street address) Miami New Registered Office Address: Miami New Registered Agent's Signature, if changing Registered Agent: | | | The | | |
| C. Enter new mailing address, if applicable: (Mailing address MUST BE A STREET ADDRESS) Miami, FL, 33130 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Miami, FL, 33130 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 | "Inc.," or Co.," or the designation "C | Corp," "Inc." or "Co". | "company," or "incorporated" or the abbreviation "Co A professional corporation name must contain the | orp.," | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Miami, FL, 33130 66 W Flagler St #900-9189 Miami, FL, 33130 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 | R Enter new principal office address | if annlicable: | 66 W Flagler St #900-9189 | | |
| (Mailing address MAY BE A POST OFFICE BOX) Miami, FL, 33130 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 | | | Miami, FL, 33130 | | |
| (Mailing address MAY BE A POST OFFICE BOX) Miami, FL, 33130 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 | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) Miami, FL, 33130 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 | | | | | |
| 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 | | | 66 W Flagler St #900-9189 | | |
| Name of New Registered Agent Name of New Registered Agent | (Huning underess HAT DE ATOST | OTTICE BOX | Miami, FL, 33130 | _ | |
| Name of New Registered Agent Name of New Registered Agent | | | | | |
| Name of New Registered Agent 66 W Flagler St #900-9189 (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: | | | | | |
| New Registered Office Address: Miami (Florida street address) (City) (Zip Code) | Nama of New Popietaryd Agent | BARBARA MIGUEL | | | |
| New Registered Office Address: Miami Signature, if changing Registered Agent: (Florida street address) (Florida street a | Name of New Registered Agent | 66 W Flagler St #900-918 | 39 | | |
| New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: | | <u> </u> | | | |
| (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: | N D 1 100 11 | Miami | Florida 33130 | | |
| 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. | 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. | | | | | |
| 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. | | | | | |
| | New Registered Agent's Signature, if c I hereby accept the appointment as regis | hanging Registered Ager tered agent. I am familia | <u>it:</u> with and accept the obligations of the position. | | |
| | , , , | | 2 | | |
| | | V A | | | |
| Signature of New Registered Agent, if changing | | Signature of New | Registered Agent, if changing | | |

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doe</u> | | |
|-------------------------------|-----------------|-----------------|---------------|----------------------------|
| X Remove | \underline{V} | Mike Jones | | |
| X Add | <u>\$V</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Nan</u> | <u>ne</u> | <u>Addres</u> s |
| 1) Change | P | MA | RLENE MUNOZ | 2100 W 76TH STREET STE 309 |
| Add | | | | HIALEAH FL 33016 |
| X Remove | | | | |
| 2) X Change | Р | BA | RBARA MIGUEL | 66 W Flagler St #900-9189 |
| Add | | | | Miami, FL 33130 |
| Remove Change | | | ,, | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | <u> </u> | | |
| Add | | | | |
| Remove | | | | |

| icaicii attanii0) | adding additional Artical sheets, if necessary). | (De opecific) | | | |
|-------------------|---|-------------------|--------------------|-------------------|---------------------------------------|
| | | | | | |
| _ | | | | | - |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | <u> </u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | <u>-</u> |
| | | | | | |
| | | | | _ | |
| | | | | | |
| | | | _ | - - | · |
| | | | | | |
| , | | , | , | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| . | | | ! !! !! | | |
| ran amenom | nt provides for an excha implementing the amen | dment if not con- | ion, or cancellate | on or issued snar | es, |
| (if not an | licable, indicate N/A) | unient ii not com | amed in the ame | nament usen. | |
| (y nor up) | teuble, mateure 147.17 | | | | |
| | | | | | |
| | - | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| | | | | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | | | | | |
| | | | | | *** |
| | | | | | |
| | | | | | |
| | | | | | |
| | | <u></u> | | | <u>-</u> - |

, ,

.

| The date of each amendment(s) a | adoption: | , if other than the |
|---|--|--------------------------|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date we bepartment of State's records. | ill not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ad action was not required. | dopted by the incorporators, or board of directors without shareholder action as | nd shareholder |
| ■ The amendment(s) was/were ad by the shareholders was/were s | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| ☐ The amendment(s) was/were ap must be separately provided for | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cas | at for the amendment(s) was/were sufficient for approval | |
| by | " | |
| • | (voting group) | |
| 05/25/202 Dated | | |
| | 112 | |
| | director, president or other officer - if directors or officers have not been | |
| | ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) | |
| цью | BARBARAMIGUEL | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |

.