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COVER LETTER

TO: Amendment Section Division of Corporations YEN TAMPA INSURANCE CORPORATION NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **HECTOR ORTEGA** Name of Contact Person YEN TAMPA INSURANCE CORPORATION Firm/ Company 16308 NW 91ST AVE Address MIAMI LAKES, FL 33018 City/ State and Zip Code gloriaortega 143@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **HECTOR ORTEGA** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

YEN TAMPA INSURANCE CORPORATION

(Name of Corporation as currently t	filed with the Florida Dept. of State)	
P15000082952		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Actions</i> of Incorporation:	orida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name mi	e abbreviation ust contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		<u> </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 addres	or in Florida, ontor the name of the	
new registered agent and/or the new registered office address:	s in Florida, enter the hame of the	SEC P
Name of New Registered Agent		高 5 1
		in the second
(Florida street	t address)	
New Registered Office Address:	, Florida	2
(C	ity) (Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit		on.
Signature of Nov. Poo	vistered 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	T	YANIALLY ORTEGA	1281 W 51ST PL
X Add			HIALEAH, FL 33012
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>	_ ·	
Add			
Remove			
6) Change			
Add			
Remove			

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		—
<u> </u>		
		_
		_
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:	

The date of each amendment(s) date this document was signed.	adoption:		if oth	ner than the
• •	8/09/2016			
Effective date <u>if applicable</u> :				_
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will no	ot be l	isted as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	)		
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt		
"The number of votes ca	st for the amendment(s) was/were sufficient for approval			
by	"			
,	(voting group)			
action was not required.	idopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	•		
08/09/20 Dated	016			
	1/0-4			
Signature	HUNEOR			
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)			
	HECTOR ORTEGA	,		
	(Typed or printed name of person signing)	SEC	6	
	PRESIDENT	ECRETA	AUG	71
	(Title of person signing)	SSEE, FI PER	16 AH II: 5	