## P1600003673

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: ALAMA LIFE GE	ROUP, INC			
DOCUMENT NUMBE	P16000003073				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
		MARGARITA MARTI	N		
<del></del>	Name of Contact Person				
	TAX MEDIC				
_		Firm/ Company			
	7911 NW 72ND AVE SUITE 223A				
_	Address				
	MEDLEY FL 33166				
		City/ State and Zip Cod	e		
		TAXMEDIC911@GMAI	L.COM		
<del></del>	E-mail address: (to be u	sed for future annual report	notification)		
For further information c	concerning this matter, pleas	se call:			
MARGA	RITA MARTIN	305	699-4077		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
S35 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida	Dept. of State)
ALAMA LI	IFE GROUP, INC	P1600000 3073
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporal	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
SIMILY INSU	RANCE GROUP INC	√The new
name must be distinguishable and contain the word "corporation" Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional co	ncorporated" or the abbreviation
B. Enter new principal office address, if applicable:	NO CHANGE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		100
		<del> </del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 669273	
	MIAMI, FL 33166	بن بن ــــــــــــــــــــــــــــــــــ
		्रास्त्री । <b>व्या</b>
D. If amending the registered agent and/or registered office add	ress in Florida, enter th	ne name of the
new registered agent and/or the new registered office address		te name of the
Name of New Registered Agent NO CHANGE		
(Florida str	reet address)	
New Registered Office Address:		. Florida
They hagistered office radiress.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		gations of the position.
1	, ,	,
k.) /x	7	

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u> 51</u>	Sally Smith	
Type of Action (Check One)	TiNe	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			<del>_</del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
<del>.</del>	
	<del>/</del>
<del></del>	
<del>/</del>	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
/	

	03/20/2018	
The date of each amendment(s) add		, if other than th
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 blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the ame icient for approval.	:ndment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and sl	hareholder
action was not required.	ted by the incorporators without shareholder action and shareh	nolder
Dated <u>L'3</u> Signature	150/13.	
Signature	h-1-1-1	
(By a dir	ector, president or other officer – it directors or officers have i	
	by an incorporator - if in the hands of a receiver, trustee, or o	other court
appointe	d fiduciary by that fiduciary)	
	LAZARO RODRIGUEZ	
-	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	