P1600000 4048

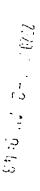
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



300345422553

06/02/20--01014--008 **35.00



301 1 8 1013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Xpert Insurance Se	rvices			
DOCUMENT NUM	D14000004049				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	Jason McLeod				
		Name of Contact Persor	1		
	Xpert Insurance Services				
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
	5470 NW 106 DR				
	Address				
	Coral Springs				
	City/ State and Zip Code				
	XpertInsuranceservices@gma	ail.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:			
Jason	McLead	at (
Nam	e of Contact Person	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)		
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of 277), -2 77 9:42
Xpert Insurance Services INC	
	ently filed with the Florida Dept. of State)
P16000004048	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
Xpert Multi Services INC	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	. A professional corporation name must contain the word
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office:	
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
- (Florid	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of Ne	rw Registered Agent, if changing

Check if applicable

☐ 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> 174</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		NA	-
Add		·	-
Remove		/	
4) Change		_ <i>N/A</i>	
Add			
Remove		4 / 0	
5) Change			
Add			
Remove			
6) Change			-
Add		•	
Remove			

E. <u>If a</u>	mending or adding additional Articles, enter change(s) here:
(Att	ach additional sheets, if necessary). (Be specific)
	V/A
	
	
F. <u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:
<u> Þr</u>	(if not applicable, indicate N/A)
_	
	<u>//\}</u>

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 5/1/2020 (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s by the shareholders was/were sufficient for approval.	a)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east for the amendment(s) was/were sufficient for approval	
Solf Owner	
by	
Dated 5/1/20	
Dailed Of Ly	
Signature Mr Model	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	Į.
appointed fiduciary by that fiduciary)	
Tasa Madad	
(Typed or printed name of person signing)	
(Title of person signing)	
(rise or person signing)	