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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WHIT	E HORSE INS	URANCE AGENCY IN	C
DOCUMENT NUMBER: P16000007			****
The enclosed Articles of Amendment a	nd fee are subn	nitted for filing.	
Please return all correspondence concer	ning this matte	r to the following:	
ORŁANDO L. F	ERNANDEZ		
		Name of Contact Persor	l
WHITE HORSE	INSURANCE	AGENCY INC	
		Firm/ Company	
17960 NW 59TF	I AVE UNIT I		
		Address	
HIALEAH, FL.	33015		
		City/ State and Zip Code	2
whitehorseinsurance@	vahoo.com		
_	-	for future annual report	notification)
		-	
For further information concerning this	matter, please	call:	
ORLANDO L. FERNANDEZ		at (367-2280
Name of Contact Persor	1	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following an	nount made pa	yable to the Florida Depa	artment of State:
\$35 Filing Fee \$43.75 File Certificate	ling Fee & e of Status	□\$43.75 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 Corporati P.O. Box 6327 Tallahassee, FL 3231		Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WHITE HORSE INSURANCE AGENCY INC

(Name of Corporation as current	y filed with the Florida Dept. of State)
P16000007156	
(Document Number o	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
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 amonding the unsistened arout and/on registered office add	sees in Florida, enter the name of the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	30
	7
(Florida su	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New I	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: XChange	<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>	<u>Addres</u> s		
1) Change	VP	RUBIO DANIEL, LISSETT	17960 NW 59TH AVE UNIT 102		
Add X Remove			HIALEAH, FL.33015		
2) Change	T	FERNANDEZ, OSCAR A.	17960 NW 59TH AVE UNIT 102		
Add			HIALEAH, FL.33015		
XRemove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	g additional Articles, enter ets. if necessary). (Be speci	fic)		
				•
			•	.
		·-		
F. If an amendment provisions for impler	vides for an exchange, reclament if the indicate N/A)	assification, or cancellation of contained in the amen	on of issued shares, dment itself:	
· · · ·				

	03/01/2016	
The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	01/2016	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this datepartment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	2nt
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were add action was not required. 03/01/2016 Dated Signature (By a consequence)		
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	