

PI6 000023874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

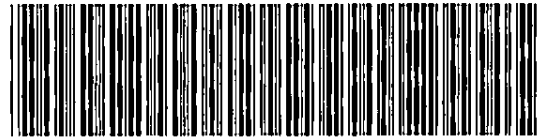
(Document Number)

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S TALLENT  
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*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2020

MAYDELINE MORALES  
BEST FLORIDA INSURANCE SERVICES INC  
306 SE 47TH ST  
CAPE CORAL, FL 33904

SUBJECT: BEST FLORIDA INSURANCE SERVICES INC  
Ref. Number: P16000023874

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s). There is an additional filing fee of \$10.00 still due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 320A00022185

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION:

Best Florida Insurance Services Inc

DOCUMENT NUMBER:

1

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maydelise Morales  
Name of Contact Person

Best Florida Insurance Services Inc  
Firm/ Company

306 SE 47 ST  
Address

Cape Coral FL 33904  
City/ State and Zip Code

maydelisemorales@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maydelise Morales  
Name of Contact Person

at ( 239 ) 677-9493  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate 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)

☒ \$10. Filing Fee

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  
Tallahassee, FL 32303

Best Florida Insurance Services Inc

P 16000023874

☐ 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)

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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                  |                            |
|---|----------|------------------|----------------------------|
| 1) <input type="checkbox"/> Change      | <u>P</u> | <u>Luis Pena</u> | <u>306 SE 47 st</u>        |
| <input checked="" type="checkbox"/> Add |          |                  | <u>Cape Coral FL 33904</u> |
| <input type="checkbox"/> Remove         |          |                  |                            |
| 2) <input type="checkbox"/> Change      |          |                  |                            |
| <input type="checkbox"/> Add            |          |                  |                            |
| <input type="checkbox"/> Remove         |          |                  |                            |
| 3) <input type="checkbox"/> Change      |          |                  |                            |
| <input type="checkbox"/> Add            |          |                  |                            |
| <input type="checkbox"/> Remove         |          |                  |                            |
| 4) <input type="checkbox"/> Change      |          |                  |                            |
| <input type="checkbox"/> Add            |          |                  |                            |
| <input type="checkbox"/> Remove         |          |                  |                            |
| 5) <input type="checkbox"/> Change      |          |                  |                            |
| <input type="checkbox"/> Add            |          |                  |                            |
| <input type="checkbox"/> Remove         |          |                  |                            |
| 6) <input type="checkbox"/> Change      |          |                  |                            |
| <input type="checkbox"/> Add            |          |                  |                            |
| <input type="checkbox"/> Remove         |          |                  |                            |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

The date of each amendment(s) 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.


☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

Dated 11/12/2020

Signature   
(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 appointed fiduciary by that fiduciary)

Maydelina Morales  
(Typed or printed name of person signing)

President  
(Title of person signing)