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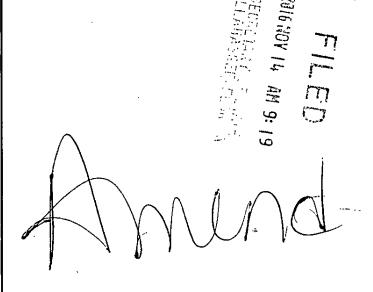
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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: ARGUELLO INS	URANCE INC.	
DOCUMENT NUMI	BER: P16000026997		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ARNOLDO X ARGUELLO		
		Name of Contact Person	n
	ARGUELLO INSURANCE	INC.	
		Firm/ Company	
	10655 SW 113TH PLACE B	- •	
		Address	
	MIAMI, FL 33176		
		City/ State and Zip Cod	e
ARN	OLDO.ARGUELLO@ESTR	ELLAINSURANCE.COM	
	-	sed for future annual report	
		·	,
For further information	n concerning this matter, pleas	se call:	
ZOILA NAVARRO-I	PACHON	at (、445-4240
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle
		Tallaha	assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARGUELLO INSURANCE INC.			
\	as currently filed with the Florida	Dept. of State)	
P16000026997			
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporate	ion adopts the following am	endment(s) to
A. If amending name, enter the new name of the corpo	oration:		
N/A		The	new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	'Inc," or "Co". A professional co		
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>		
	-		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	N/A	, , , , , , , , , , , , , , , , , , ,	
•		1 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, m
		<u></u>	
		<u> </u>	
D. If amending the registered agent and/or registered	office address in Florida, enter th	e name of the	ာ်
new registered agent and/or the new registered offi	ce address:		
Name of New Registered Agent N/A			
	(Florida street address)	·· -	
New Registered Office Address:		. Florida	
Thew Registered Office Hadress.	(City)	(Zip Code,)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agen t. I an	red Agent:	ations of the position	
тегеоу ассерстве арронитель as registerea agent. Тап	п затана жин ана ассері іне одну	anons of the position.	
_			
Signatur	re of New Registered Agent, if chang	eing	

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 Do	<u>ee</u>				
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally Sn	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	Address			
1) Change	VP/S	_	LIZETTE ARGUELLO	11665 SW 96 TERR			
X Add				MIAMI, FL 33176			
Remove							
2) Change		_					
Add							
Remove							
3)Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change		_					
Add							
Remove							
6) Change		_					
Add							
P							

14	(Be specific)				
/ A					
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If an amendment provides for an exch	ange, reclassifica	tion, or cancella	tion of issued sl	iarės,	
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(if not applicable, indicate N/A)	ange, reclassifica adment if not con	tion, or cancella tained in the am	tion of issued sl endment itself:	1 <u>ares,</u>	
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(if not applicable, indicate N/A)	ange, reclassifica idment if not con	tion, or cancella	tion of issued s endment itself:	iares.	

The date of each amendment	11/01/2016 (s) adoption:	_, if other than the
date this document was signed.	•	_
Effective date if applicable:	11/01/2016	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group antitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	•
ъу		
·/	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	2016	
Sc	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	ARNOLD X ARGUELLO	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	