## P1600051396

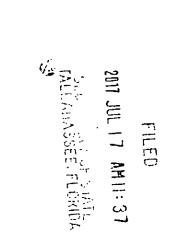
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C. GOLDEN

JUL 2 4 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>Ribalta</u>	CRIVICES (	Corp.
DOCUMENT NUMBER: P160 000		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Darling A	Ribalta.	
Ribalta:	Name of Contact Perso	nagonay Corp.
		Suite 300
		<i>33027</i> .
E-mail address: (10 be us		rin t notification)
For further information concerning this matter, pleas		
Name of Contact Person	at ( <u>305</u>	) 824 · 7847.
Name of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	ariment of State:
□ \$35 Filing Fee ☑\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy   (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address dment Section on of Corporations n Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

of 2017 JUL 17 AMII: 37

	rait ADE LI MULLI
Kibalta Services Corp.	itly filed with the Florida Dept. of State) LAHASSEE. FLORII
(Name of Corporation as curren	tly filed with the Florida Dept. of State) LAHASSEE. FLORI
P160 000 31396	
(Document Number	of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
If amending name, enter the new name of the corporation:	
Ribalta Insurance Agency Co	The new
Ribalta Insurance Agency Come must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp." "Inc." or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	15800 Pines Blva
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	15800 Pines Blvd Suite, 300
	Pembroke Pines, FL 33027.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15800 Pines Blid
	Suite 300
	Pembroke Pines, FL 33027.
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s.	treet address)
New Registered Office Address:	, Florida
The state of the s	(City) (Zip Code)
	1
w Registered Agent's Signature, if changing Registered Agen	
ereby accept the appointment as registered agent. I am familiar	with ana accept the obligations of the position.
Signature of More	Registered Agent, if changing
Signani City New	The province will align title by a restriction

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:

I

(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 Do	<u>e</u>			
X Remove	$\underline{V}$	Mike Jo	nes_		1	
X Add	sv	Sally Sn				
Type of Action (Check One)	<u>Title</u>	<del>, , , , , , , , , , , , , , , , , , , </del>	<u>Name</u>		ı	<u>Addres</u> s
1) Change		_			1	
Add						
Remove						
2) Change		_				
Add						
Remove						
3 ) Change		_		<del></del>	<del>.</del>	
Add						
Remove						
4) Change		<u> </u>				
Add						
Remove					1	
5) Change		_				
Add						
Remove						
6) Change		_			<del></del>	
Add						
Remove						

If amending or adding additional Articles, enter change(s) h Attach additional sheets, if necessary). (Be specific)	
•	
	•
	1
f an amendment provides for an exchange, reclassification,	or cancellation of issued shares.
provisions for implementing the amendment if not containe (if not applicable, indicate N/A)	d in the amendment itself:
(if not appreciate, material total)	
#.W-	
	<u> </u>
	ì

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> :  (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 wi document's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(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)	
(Typed of printed name of person signing)	
Tirector  (Title of person signing)	
(Title of person signing)	