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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: MILLA INSURAN	CE AGENCY, P.	Α.			
DOCUMENT NUM	DOCUMENT NUMBER: P16000064407					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following	3:			
	ANGEL MILLA					
		Name of Contac	t Persor	n		
	MILLA INSURANCE AGE!	NCY, P.A.				
		Firm/ Com	pany	_		
	6067 HOLLYWOOD BLVD SUITE 345					
		Addres	s			
	HOLLYWOOD/ FL 33024					
	· · · · · · · · · · · · · · · · · · ·	City/ State and a	Zip Code	2		
A N 1 C	CELMILLA MALL STATE CO					
ANG	SELMILLA@ALLSTATE.CO		1			
	E-mail address: (to be us	sed for future annua	и герогі	nonneation)		
For further information	on concerning this matter, pleas	se call:				
ANGEL MILLA		954 at (,	374-9443		
Name	of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Flori	da Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Copy (Additional copenclosed)	,	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An: Div	uiling Address mendment Section rision of Corporations D. Box 6327		Amend Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation οf

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26 MILLA INSURANCE AGENCY, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P16000064407 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 6067 HOLLYWOOD BLVD SUITE 345 (Florida street address) HOLLYWOOD New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 E: If amending or adding a (Attach additional sheets, 	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
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					<u> </u>
					
			<u> </u>		
					
		·	•		
F. If an amendment provide provisions for implementations.	des for an exchange,	reclassification, or	cancellation of issu	ied shares,	
(if not applicable, in	ndicate N/A)	t it not contained t	n the amendment	isen.	
					
					- -
·					
			·		
					

08/05/2015		
The date of each amendment(s) adoption:date this document was signed.		, if other than the
Effective date if applicable:		
(no more ti	han 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's record		ot be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	:. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle		
"The number of votes cast for the amendment(s) wa	as/were sufficient for approval	
by(voting group)		
(voting group)		
☐ The amendment(s) was/were adopted by the board of dire action was not required.	ectors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators action was not required.	s without shareholder action and shareholder	
08/24/2018 Dated		
Dateu	1712	
Signature	4	
	officer – if directors or officers have not been If in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduc	ciary)	
ANGEL MILLA		
(Typed or pri	inted name of person signing)	
OWNER		
	Title of person signing)	