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A Michielas

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JORGE I RODRIC	GUEZ INSURANCE AGE	NCY.INC. ADR EMPIRE INC	
	BER: P16000066932			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	MILUSKA BERROCAL			
		Name of Contact Perso	n	
	2GB ACCOUNTING INC			
		Firm/ Company		
	15463 SW 86 TERRACE			
		Address		
	MIAMI FL 33193			
		City/ State and Zip Cod	le	
	2GB.MBERROCAL@GMA	IL.COM		
	~	sed for future annual report	t notification)	
for further informatio	on concerning this matter, plea		519-6768	
Name	of Contact Person	at (305) 519-6768 Area Code & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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 Tallahassee, FL 32314		Ameno Divisio The C	Address Idment Section Idment Section Identify of Corporations Identify of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JORGE I RODRIGUEZ INSURANCE AGENCY, INC.

(<u>Name c</u>	f Corporation as curr	ently filed with the Florida Dept. of State)	
16000066932			
	(Document Number	er of Corporation (if known)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, t	his Florida Profit Corporation adopts the foll	owing amendme
a. If amending name, enter the new na	ime of the corporation	<u>:</u>	The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	orp," "Inc," or "Co"	" "company," or "incorporated" or the abbre . A professional corporation name must co .A."	viation "Corp.,"
Enter new principal office address,	if applicable:	4190 NW 79 AVE	
(Principal office address MUST BE A STREET ADDRESS)		#IC	
		DORAL, FL 33166	——————————————————————————————————————
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4190 NW 79 AVE	23,
		#1C	3.
		DORAL, FL 33166	=======================================
D. If amending the registered agent an new registered agent and/or the new		address in Florida, enter the name of the ress:	T: 45
Name of New Registered Agent			
	4190 NW 79 AVE #1C		
New Registered Office Address:	DORAL	a street address) . Florida ³³¹	66
New Registered Office Address.			(Zip Code)

Check if applicable

[☐] 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: X Change	PT	John Doe	
X Remove	<u> </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
l) Change	VP	CRISTIAN A RODRIGUEZ	7795 WEST FLAGLER STREET
Add			PC19
X Remove			MIAMI, FL 33144
2) Change			
Add			
Remove 3) Change	.		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			.
Remove			
6) Change			
Add			
Remove			

Attach <i>add</i>	litional sheets,	additional Art if necessary).	(Be specific)			
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f an amen	<u>idment provic</u>	<u>des for an excl</u>	nange, reclass	ification, or car	ncellation of iss	ued shares,	
provision (if no	is for impleme t applicable, in	enting the ame	<u>indment if no</u>	t contained in t	<u>he amendment</u>	<u>itself:</u>	
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			<u> </u>				
			-				
							

• • •	09/28/2020	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	28/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirement epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were se	opted by the shareholders. The number of votes cast for the amoutficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	;"	
	(voting group)	
09/28/2020 Dated Signature	Reduper 2	
selecte	irector, president or other officer – if directors or officers have a d, by an incorporator – if in the hands of a receiver, trustee, or o ted fiduciary by that fiduciary)	
	ADRIANA D RODRIGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	