# P16000 101603

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(Requestor's Name)

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## 600299972716

06/12/17--01006--001   **35.00

FILED
2017 JUN 12  PM 12: 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. GOLDEN
JUN 1 6 2017

## COVER LETTER

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** _____ Garcia Insurance, Inc _____

**DOCUMENT NUMBER:** _____ P16000101603 _____

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

Please return all correspondence concerning this matter to the following:

Roberto N Garcia
_____
Name of Contact Person

Garcia Insurance, Inc
_____
Firm/ Company

7635 NW 182 Lane
_____
Address

Miami, Fl 33015
_____
City/ State and Zip Code

rgarcia0202@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto N Garcia _____ at ( _305_ ) _206-5830_ _____
Name of Contact Person                              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 &  ☐$43.75 Filing Fee &  ☐$52.50 Filing Fee
                    Certificate of Status    Certified Copy         Certificate of Status
                                             (Additional copy is    Certified Copy
                                             enclosed)              (Additional Copy
                                                                    is enclosed)

**Mailing Address**                  **Street Address**
Amendment Section                    Amendment Section
Division of Corporations             Division of Corporations
P.O. Box 6327                        Clifton Building
Tallahassee, FL 32314                2661 Executive Center Circle
                                     Tallahassee, FL 32301

## Articles of Amendment
## to
## Articles of Incorporation
## of

Garcia Insurance,Inc

**FILED**

**2017 JUN 12 PM 12: 49**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**(Name of Corporation as currently filed with the Florida Dept. of State)**

P16000101603

(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:**

IPG Health,Inc

_____*The new*
*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:**          N|A
*(Principal office address MUST BE A STREET ADDRESS )*

**C. Enter new mailing address, if applicable:**          N|A
*(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*          N/A

_____
*(Florida street address)*

*New Registered Office Address:* _____, Florida_____
                                            *(City)*                                          *(Zip Code)*

**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.*

N|A

*Signature of New Registered Agent, if changing*

Page 1 of 4

**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 | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) X Change / ___ Add / ___ Remove | CEO | Roberto N Garcia | 7635 NW 182 Lane / Miami, Fl 33015 |
| 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 additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary).   (Be specific)*

N/A

**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*)

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 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)*

☐ 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 _____05/09/2017_____

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)

Roberto N Garcia

_____
(Typed or printed name of person signing)

CEO

_____
(Title of person signing)