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COVER LETTER

TO: Amendment Section Division of Corporations

DIVISION OF	corporations
NAME OF COR	POINTE SEGUROS INC PORATION:
DOCUMENT N	P17000009414 UMBER:
The enclosed A rti	icles of Amendment and fee are submitted for filing.
Please return all c	correspondence concerning this matter to the following:
	SOLANGE DE LIMA TORRES OLIVEIRA
	Name of Contact Person
	Firm/ Company 2411 W SAND LAKE RD SUITE D
	Address ORLANDO, FL 32809
	City/ State and Zip Code
	stecchio@pointeseguros.com
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	JMA TORRES OLIVEIRA 407 868-9584 at ()
Na	at () Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made payable to the Florida Department of State:
S35 Filing Fe	Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation of

POINTE SEGUROS INC		,		
\ 	of Corporation as current	ly filed with the Florida I	Dept. of State)	
P17000009414				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	n adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	ed" or the abbreviation "Corp.,"	
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appli				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
() 16		loon in Elouida, antou tha	anno of the	
 If amending the registered agent an new registered agent and/or the new 			name of the	
Name of New Registered Agent	SOLANGE DE LIMA TO			
Nume to New Registered Agent	2411 W SAND LAKE RI	O SUITE D		
	(Florida street address)			
New Registered Office Address:	ORLANDO		32809 , Florida	
- State Stat		(City)	(Zip Code)	
New Registered Agent's Signature, if c Thereby accept the appointment as regist			tions of the position.	
	Solarsk			
	Signature of New I	Registered Agent, if changi	ng	
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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	TECCHIO, SHEILA	2411 SAND LAKE RD SUITE D.C
Add X Remove			
X 2) Change	P	SOLANGE DE LIMA TORRES OLI	2411 SAND LAKE RD SUITE D
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change	-	_	····
Add			
Remove			

. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	violinite.			
				<u> </u>	
					
					_
					
	·				
					
If an amendment provides for an excl	nange, reclassifica	ation, or cancellat	ion of issued sha	ares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not co	ntained in the am	endment itself:		
1 10 20 1			-		
			-		

. .

		n4/3	0/2020		
The date of each ame date this document wa		- U1/3	0/2020	· 1	f other than the
Effective date <u>if appli</u>	cable:	04/30/	2020		
		(no more than 90 de	iys after amendment file	date)	
	ted in this block does rate on the Department o		e statutory filing require	ements, this date will not	be listed as the
Adoption of Amendm	ent(s) (<u>Cl</u>	HECK ONE)			
The amendment(s) action was not requ	was/were adopted by the red.	e incorporators, or boar	rd of directors without sh	areholder action and shar	reholder
	was/were adopted by the was/were sufficient for		mber of votes cast for th	e amendment(s)	
			h voting groups. <i>The fol</i> e separately on the amen		
"The number	of votes cast for the ame	endment(s) was/were s	ufficient for approval		
by	(vo		<u></u> .		
	(vo	ting group)			
Date	4-30	20	_		
Sien	ature	Star (C)	i vera		
375	(By a director, presselected, by an inc		- if directors or officers lands of a receiver, trustee		
		Solar	n Ge Oli (veira	
		(Typed or printed nan	ne of person signing)	-	
		Paesi	dent		
		(Title of person signing			