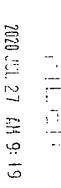
P17000036272

Office Use Only



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07/27/20--01071--022 **85.00



Amend

SET TO 1020 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: FLORIDA INTER	NATIONAL INSURANCI	E CORP
	4BER: P17000036272		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	LUCIA C PONCE		
		Name of Contact Person	1
	FLORIDA INTERNATIONA	AL INSURANCE CORP	
		Firm/ Company	
	9790 SW 142 DR.	• •	
		Address	
	MIAMI, FLORIDA 33176		
		City/ State and Zip Cod	2
	FOXPHOTO40@HOTMAIL	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
LUCIA C PONCE		at (786) 546-8429 de & Daytime Telephone Number
Namo	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FLORIDA INTERNATIONAL INSURANCE CORP

ently filed with the Florida Dept. of Corporation (if known) this Florida Profit Corporation adop	
this Florida Profit Corporation adop	ots the following amendment(s)
	ots the following amendment(s) t
<u>:</u>	
	The new
""company," or "incorporated" or . A professional corporation nam A."	the abbreviation "Corp.,"
N/A	
	2021
N/A	(2)
address in Florida, enter the name ress:	of the
 	
a street address)	
	Torida
(City)	(Zip Code)
ar with and accept the obligations o	f the position.
w Registered Agent, if changing	
	N/A N/A N/A N/A Street address) (City) Sent: iar with and accept the obligations of

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

1 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.

X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	DANIELA PONCE	9790 _s SW 142 DR
x Add			MIAMI, FLORIDA 33176
Remove			
2) Change	<u>T</u>	ALEXANDRA PONCE	9790 SW 142 DR
X Add			MIAMI, FLORIDA 33176
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional in Attach additional sheets, if necessary	v). (Be specific)			
			<u> </u>	
				
	-		 _	
		 -		
			_	
				·
				
	, , , , ,		6: 4.	
f an amendment provides for an e provisions for implementing the a	mendment if not cor	ntained in the amen	dment itself:	
(if not applicable, indicate N/A)	ı			
·				
		·		
				

The date of each amendment(s) adoption:
late this document was signed.
N/A 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 will not be listed as the locument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
07/20/20 Dated
Signature Lucia C. Porce.
(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)
LUCIA C PONCE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)