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TO: Amendment Section Division of Corporations

RCG PROPERTY & CASUALTY INSURANCE, INC

NAME OF CORPORATION:		
DOCUMENT NUMBER:	P17000071034	

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

Please return all correspondence concerning this matter to the following:

Elias Correa Menendez, Esq.

Name of Contact Person

Trembly Law Firm

Firm/ Company

9700 S. Dixie Highway, Suite 680

Address

Miami, Florida 33156

City/ State and Zip Code

elias@tremblylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Elias Correa Menedez, Esq.
 305
 431-5678

 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 & Certificate of Status □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street Address

Articles of Amendment		
to		
Articles of Incorporation		
of		

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RCG PROPERTY & CASUALTY INSURANCE, INC		12 5	
(<u>Name c</u> P17000071034	of Corporation as currer	tty filed with the Florida Dept. of State)	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation: A. If amending hame, enter the new na		is <i>Florida Profit Corporation</i> adopts the follow	ing amendment(s) to
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the "Co". A professional corporation name mus "P.A."	
B. Enter new principal office address,		8300 West Flagler Street	
(Principal office address <u>MUST BE A Si</u> 	<u>(REET ADDRESS</u>)	Suite 256	
		Miami, Florida 33144	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		1661.3 SW 54th Street	
		Miami, Florida 33185	
D. <u>If amending the registered agent an</u> <u>new registered agent and/or the new</u>	<u>d/or registered office ad</u> <u>v registered office addre</u> Trembly Law Firm	dress in Florida, enter the name of the ss:	
<u>Name of New Registered Agent</u>	9700 S. Dixie Highway.	Suite 680	-
·	(Florida :	street address)	- 1
<u>New Registered Office Address:</u>	Miami	<u>33156</u> , Florid a	
			o Code)
<u>New Registered Agent's Signature, if cl</u> I hereby accept the appointment as regist	ered agent. Tam familia. but	<u>it:</u> r with and accept the obligations of the position My 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:

i)

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(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 = ChiefExecutive 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:

<u>X</u> Change	<u>PT</u>	John Doe	1
X Remove	<u>V</u>	Mike Jones	
<u>_X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> . (Check One)	Title	Name	Address
X 1) Change	DPTS	Reynolys Carrazana	16613 SW 54 Street
Add	* P		Miami, Florida 33185
Remove			
2) Change			
Add			<u>1</u>
Remove			
3) Change			
Add			<u>j</u>
Remove			
4) Change			,
Add			
Remove			
5) Change			
Add			
Remove	ı		
6) Change			·
Add			
Remove			
		Page 2 of 1	4

 E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) 	
 F. If an amendment provides for an exchange, reclassification, or cancellation of issu provisions for implementing the amendment if not contained in the amendment i (if not applicable, indicate N/A) 	ied shares, tself:
(if not applicable, marche tow)	

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The date of each amendment(s) a date this document was signed.	doption:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	1
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date w epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. <i>The following statement r each voting group entitled to vote separately on the amendment(s):</i>	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	1 1
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
10/30/20	17	
Dated		
- Signature	deput	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)	
	REYNOLYSCARRAZANA	
1	(Typed or printed name of person signing)	·
1	DPTS	
	(Title of person signing)	·
	(Twe of person signing)	1 4
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