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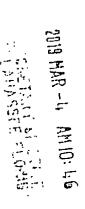
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Stefanie Anne Bus	tillo Agency Inc	
DOCUMENT NUME	D17000080333		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
	Stefanie A Bustillo		
		Name of Contact Person	1
	State Farm		
		Firm/ Company	
	4855A Coconut Creek Parkw	ay	
		Address	17. 18. 1. 1. 1 .
	Coconut Creek, FL 33063		
		City/ State and Zip Code	2
stefar	nie@insuredbystef.com		
	*	ed for future annual report	notification)
	,	•	,
For further information	n concerning this matter, pleas	e call:	
Stefanie A Bustillo		at (775-8624
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	ertment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to **Articles of Incorporation** of

	Articles of Amenda	ment		-2), · · ·
	to Articles of Incorpor	ation	1.0	3. 14.
	of			B. 39.
Stefanie Anne Bustillo Agency Inc			٠-	
(Name of Corporat	ion as currently filed	with the Florida Dep	ot. of State)	19. 19. 19.
P17000080322				96
(Docu	ment Number of Corpo	oration (if known)	·	72.1. 157
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this <i>Florid</i>	a Profit Corporation a	idopts the followin	ng amendment(s)
A. If amending name, enter the new name of the c	orporation:			
Stefanie Anne Bustillo Insurance Agency Inc				The new
name must be distinguishable and contain the woo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p, " "Inc." or "Co".			bbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	o v :			
(Mulling dualess MAT DE AT OST OTTTEE BE	<u> </u>		<u> </u>	
		<u> </u>		
				
D. If amending the registered agent and/or registe	ered office address in	Florida, enter the nat	me of the	
new registered agent and/or the new registered		1701 day enter the 71d	111. 72 111.	
Name of New Registered Agent				
				-
	(Florida street add	ressj	·	_
Van Davidson I/Min (II) van			Musida	
New Registered Office Address:	(City)		_, Florida (Zip)	Code)
New Registered Agent's Signature, if changing Res				
I hereby accept the appointment as registered agent.	I am familiar with an	d accept the obligation	1s of the position.	

Signature of New 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, a 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 Financial Officer. If an officer/director holds more than one title, list the first letter of each offi 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove			
			·
3)Change			.
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			.
Add			
Remove			
6) Change			
Add			
Remove			

Attach (iding or adding addition additional sheets, if neces	sary). (Be specific)			
	 					
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					**	
If an an	nendment provides for a ions for implementing th	in exchange, reclass we amendment if not	ification, or cand	ellation of issued :	shares. F-	
(if	not applicable, indicate	V/4)			<u> </u>	
-					<u> </u>	
						···
	<u>.</u>	····				
		1.1				
		-				

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
The same system and the same system and the same system and the system and the same system and the same system and the same system and the sy
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t 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)
(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 2202019 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)
(Typed or printed name of person signing)
President
(Title of person signing)