

P12000028321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

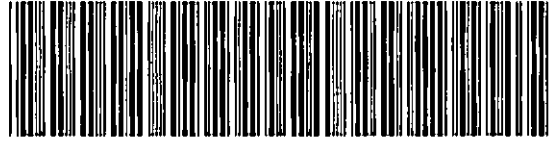
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/20--01018--003 **43.75

2020 MAR 26 AM 7:33

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MAR 18 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MD INSURANCE USA CORP

DOCUMENT NUMBER: P18000028321

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

Please return all correspondence concerning this matter to the following:

Darlyn Carolina Sanchez
Name of Contact Person

10400 Griffin Rd. # 203A
Firm/ Company
Cooper City, FL 33328
Address
City/ State and Zip Code

mdinsurance2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mauricio Chirinos at 954 687-2717
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)

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

MD INSURANCE USA CORP

2020 FEB 26 AM 7:33

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

P180 000 28321

(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:

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:

(Principal office address **MUST BE A STREET ADDRESS**)

10400 Griffin Rd.

Suite 203A

Cooper City, FL 33328

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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

Darlyn Caroline Sanchez

10400 Griffin Rd., #203A

(Florida street address)

New Registered Office Address:

Cooper City

(City)

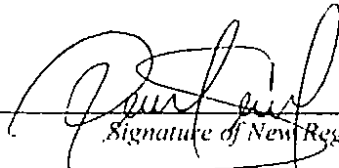
Florida

33328

(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.



Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

N/A

[illegible]

(if not applicable, indicate N/A)

N/A

[illegible]

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

Effective date if applicable: 1/1/2020
(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 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)

Dated 02-24-2020

Signature [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)

MAURICIO CHIRINOS
(Typed or printed name of person signing)

Treasurer
(Title of person signing)