P1800014093

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LA REYNA #1 IN	ISURANCE & MULTI SE	ERVICES, CORP.	
DOCUMENT NUME	BER: P18000044093	<u></u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MARIA D CARMEN PERE	Z TORRES		
		Name of Contact Perso	oti	
		Firm/ Company		
	1431 INDIAN ROAD E			
		Address	**	
	LAKE CLARKE SHORES.	FL 33406		
		City/ State and Zip Coo	de	
	E-mail address; (to be us	sed for future annual repor	(notification)	
For further information	n concerning this matter, pleas	se call:		
MARIA D CARMEN	PEREZ TORRES	561	502-1390	
Name of Contact Person		Area C	ode & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Dep	partment 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)	
<u>Mai</u>	ling Address		(Address	
	endment Section		Amendment Section	
Division of Corporations			on of Corporations	
	P.O. Box 6327 Clifton Building Tallahassee, FL 32344 2661 Executive Center Circle			
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

LA REYNA#1 INSURANCE & MULTI SERVICES, CORP

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P18000044093	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	F1: 00
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	——————————————————————————————————————
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addr	
Name of New Registered Agent	
	37-11-11-11-11-11-11-11-11-11-11-11-11-11
Florida	street address)
New Registered Office Address:	, Florida
New Registered Office Address.	iCuyi (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio	ent: or with and accept the obligations of the position.
accept the approximent to regime tel agent. I am jumin	
Signature of New	w 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:

(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: <u>K</u> Change	<u>61,</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MAYRA ALEJANDRA GARCIA	3358-C SOUTH MILITARY TRE
X Add	-		LAKE WORTH FL 33463
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4)Change			
Add			
Remove			
51Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) he (Attach additional sheets, if necessary). (Be specific)	
, <u> </u>	
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<u> </u>	
	1
•	
f an amendment provides for an exchange, reclassification,	or cancellation of issued shares,
provisions for implementing the amendment if not containe	ed in the amendment itself:
(if not applicable, indicate $N[A]$	
<u> </u>	

09/14/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
09/14/2018 Effective date if applicable:	
mo mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet to document's effective date on the Department of State's re-	he applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK O	<u>(E)</u>
■ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval	lers. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by	
(voting group	0)
☐ The amendment(s) was/were adopted by the board of action was not required.	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporate action was not required	tors without shareholder action and shareholder
09/14/2018 Dated	
· · · · · · · · · · · · · · · · · · ·	ther officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court
MARIA D CARME	·
(Typed or	printed name of person signing)
PRESIDENT	
	(Title of person stopping)