P18000050842

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TO: Amendment Section

Division of Corporations

2018 NOV 19 AH 11: 50

1 1 1

SECRETARY OF STATE TALLAHASSEF FLORID.

NAME OF CORPO	PRATION: INSURANCE PLU	JS SERVICES, INC	······································
DOCUMENT NUM	P18000050842		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Ana Karla Vitier		
		Name of Contact Person	n
	Insurance Plus Services Inc		
	·	Firm/ Company	
	11965 Sw 181 Ter		
		Address	
	Miami FL 33177		
		City/ State and Zip Cod	e
insu	ranceplus23@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Ana Karla Vitier		at (759-9681
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment 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>M:</u>	illing Address	Street	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

Articles of Amendment to Articles of Incorporation of

2018 NOV 19 AH 11: 50

Insurance Plus Services Inc

(Name of Corporation as o	currently filed with the Florida Dept. of Smite LARY OF STATE
P18000050842	ALLAHASSEF, FLORID.
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ition:
	The new reporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	
Signature o	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, 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
l) Change	<u>v</u>	Marianela Rojas	5461 W 24 Ave Apt 34
Add			Hialeah Fl. 33016
X Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be	enter change(s) here: especific)
Remove 2nd Registered officer Title V Marianel	
	
- Andrew	
If an amendment provides for an exchange.	, reclassification, or cancellation of issued shares,
provisions for implementing the amendme (if not applicable, indicate N/A)	ent if not contained in the amendment itself:
This amendment will dissolve all shareholder int	torest from
Marianela Rojas. Ana Karla Vitier is the only sh	nareholder in 100 % of the corporation.
	

, • •	10/01/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
10/	01/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
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 will nepartment of State's records.	ot be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
Signature	and Kurk Cet	_
	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 need fiduciary by that fiduciary)	
.,	Ana Karla Vitier	
	(Typed or printed name of person signing)	
	Dresident Own	
	Title of person sighing)	- · - -