## P18000081238

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FS & FAMILY BU	USINESS INC			
DOCUMENT NUMBER: P18000081238					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	FLORALBA SANTOS EVORA				
	Name of Contact Person				
	Firm/ Company				
	13631 HARRISON ST				
	Address				
	MIAMI, FL 33176				
		City/ State and Zip Cod	e e		
	floralbasantos94@gmail.com	1			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
FLORALBA SANTOS EVORA		at ( <u>813</u>	4056102		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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** Articles of Incorporation of

FS & FAMILIY BUSINESS INC

(Name of Corporation as currently filed with the Florida Dept. of State)	
P18000081238	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	3 amendment(s) t
A. If amending name, enter the new name of the corporation:	
FS & FAMILY BUSINESS INSURANCE INC	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	
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 BOX)	
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	
(Florida street address)	
New Registered Office Address: , Florida (City) (Zip C	Code) 2012 JU
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.	. թ. հեր Հ ՍԱԿ 25
Signature of New Registered Agent, if changing	AH 11: 27

Check if applicable

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

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:

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)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change		<del></del>	
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			· ·
Add		····	
Remove			

Attach additional shee	g additional Articles, enter change(s) here: ets, if necessary). (Be specific)
	<del></del>
<u> </u>	<del></del>
If an amandment proj	vides for an exchange, reclassification, or cancellation of issued shares,
provisions for imple	menting the amendment if not contained in the amendment itself:
(if not applicable,	, indicate N/A)
4	
-	
	<u></u>

	06/21/2024	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the ficient for approval.	ne amendment(s)
	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amer	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	,,,	
, <u> </u>	(voting group)	
06/21/2024 Dated	A CHAIN	
(Bý a dir selected	ector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	FLORALBA SANTOS EVORA	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	<del></del>