## P180000 82338

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AMERICA INSUI	RANCE MASTERS INC	
DOCUMENT NUM	DICONOCCIO		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	<del></del>
Please return all corre	espondence concerning this ma	atter to the following:	
	SERGIO R. GARCIA		
		Name of Contact Perso	0
	AMERICA INSURANCE M		•
		Firm/ Company	
	8200 WEST 33RD AVENUE	• •	
		Address	
	HIALEAH FL 33018		
		City/ State and Zip Cod	e
	AMERICAINSURANCEMA	STERS@GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:at (	362-9334
Name	of Contact Person	at ( Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AMERICA INSURANCE MASTERS INC

( <u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)	<del></del>
P18000082338			
	(Document Number of	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607 its Articles of Incorporation:	'.1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc" or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co", )	company," or "incorporated" or the abbre A professional corporation name must c	The new eviation "Corp.," contain the word
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address <u>MUST BE A S</u>			
			<del></del>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent an new registered agent and/or the ne	w registered office address	ress in Florida, enter the name of the	
Name of New Registered Agent	SERGIO R. GARCIA	<u> </u>	- 125
	8200 WEST 33RD AVEN	UE BAY 12	22= 13=
(Flori New Registered Office Address:		reet address) S 36 	(A)
		(City)	Code Code
New Registered Agent's Signature, if c I hereby accept the appointment as revis.	hanging Registered Agent tered agent. I am familiar s	: with and accept the obligations of the posit	
	Juggan	2	
	Signary refof New R	legistered Agent, if changing	<del></del>

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)	Title	Name	<u>Addres</u> s
1) X Change	DPST	SERGIO R. GARCIA	8200 WEST 33RD AVE BAY 12
Add			HIALEAH FL 33018
Remove			
2) Change	DVPS	SILVIA FIGUEROA	8200 WEST 33RD AVE BAY 12
Add			HIALEAH FL 33018
X Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			, <u> </u>
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	theets, if necessary)	). (Be specific)				
/A						
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If an amendment provisions for im	orovides for an ex- plementing the an	change, reclassifica nendment if not co	ation, or cancella ntained in the ar	<u>ition of issued sl</u> nendment itself:	nares,	
(if not applica	ble, indicate N/A)				_	
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	08/24/2020	
The date of each amendment(s)	adoption:	if other than the
date this document was signed.		
	/24/2020	
Effective date <u>if applicable</u> :	6	<del></del>
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sharehold	er action and shareholder
■ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
☐ The amendment(s) was/were approvided for must be separately provided for	oproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s)	tatement 1:
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
08/ 24/20 <u>.</u> Dated	20	
Signature	Sustaine	
select	director, president or other officer – if directors or officers have not od, by an incorporator – if in the hands of a receiver, trustee, or othe nted fiduciary by that fiduciary)	been т court
	SERGIO R. GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	