P 19000009165

(Re	equestor's Name)				
(Ad	idress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: BRIGHT BEACON INSURANCE INC. DOCUMENT NUMBER: \$19000009165 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 56th Street brantbeaconinsurance Corredess: (18 be used for future annual report notification) For further information concerning this matter, please call: Maya Hill
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

Bright BEACON INSURANCE	LNC.	2023 JAN	20 AH 7: L
(Name of Corporation as c	urrently filed with the Florid	la Dept. of State)	•
419000009165		Tall	Same ATE
(Document Nu	umber of Corporation (if know	n)	
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	es, this Florida Profit Corpora	ation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corpora	tion:		
NIA			The new
name must be distinguishable and contain the word "corporal "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	Co". A professional corpora	rated" or the abbreviatio ttion name must contain	n "Corp.," a the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	n/A		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office :		the name of the	
Name of New Registered Agent		<u> </u>	-
	orida street address)		
New Registered Office Address:	(City)	, Florida	~
	·		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		igations of the position.	
Signature o _l	f New Registered Agent, if char	nging	

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: XChange	<u>PT</u>	John Doe					
X Remove	<u>V</u>	Mike Jone	<u>·s</u>				
<u>X</u> Add	<u>SV</u>	Sally Smit	<u>h</u>				
Type of Action (Check One)	<u>Title</u>	<u> </u>	l <u>ame</u>			<u>Addres</u> s	
1) Change							
Add							
Remove							
2) Change							
Add							
Remove 3) Change							
Add							_
Remove					,		
4) Change						<u>.</u> <u>-</u>	
Add							
Remove							
5) Change			·				
Add							_
Remove							
6) Change							
Add							
Remove							

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ovisio	ons for imp	<u>plementi</u>	ng the amo	nange, rec endment i	<u>fassificat</u> f not cont	on, or canc ained in the	enation of amendme	nt itself:	ares,		
	ot applica A	ble, indic	rate N/A)								
N/	<u>H</u>										
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						<u>-</u>				-	

The date of each amendment(s) addate this document was signed.	option: NA	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amend)	nent file date)
Note: If the date inserted in this bl document's effective date on the De		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes of ficient for approval.	ast for the amendment(s)
	roved by the shareholders through voting groups, each voting group entitled to vote separately on t	
"The number of votes cast	or the amendment(s) was/were sufficient for app	roval
by	(voting group)	
	(voting group)	
Dated JANUA	1Ry 18, 2023 Louza Hill	
Signature <u>U 1</u> (By a di	rector, president or other officer – if directors or	officers have not been
selected	, by an incorporator - if in the hands of a receive	
appoint	ed fiduciary by that fiduciary)	
	MAYA H'// (Typed or printed name of person sign	
	(Typed or printed name of person sign	ning)
	President	
	(Title of person signing)	

Carlo Carlo