## P19000010249

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ZION IN	SURANCE INC.	
DOCUMENT NUMBER:		)10249	
The enclosed Articles of Amendmen			
Please return all correspondence con	icerning this ma	tter to the following:	
		Jhorjana Portilla	
		Name of Contact Per	son
		ZION INSURANCE I	NC.
		Firm/ Company	
	17	24 Santa Barbara Blv	d Suite C
<del></del>		Address	
		Naples, FL 3411	6
		City/ State and Zip Co	ode
		jhorjana@yahoo.	com
E-mail a	ddress: (to be us	sed for future annual repo	ort notification)
For further information concerning t	his matter, pleas	se call:	
Jhorjana Portilla		239	465-7172  Tode & Daytime Telephone Number
Name of Contact Per	son	Area (	Tode & Daytime Telephone Number
Enclosed is a check for the following	g amount made	payable to the Florida Do	epartment of State:
	Filing Fee & cate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of ZION INSURANCE INC.

## (Name of Corporation as currently filed with the Florida Dept. of State) P19000010249 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1724 Santa Barbara Blvd Suite C B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Naples, FL 34116 C. Enter new mailing address, if applicable: 1724 Santa Barbara Blvd Suite C (Mailing address MAY BE A POST OFFICE BOX) Naples, FL 34116 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

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.

Signature of New Registered Agent, if changing

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)

Example:

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>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	<u>ئ</u>	Jhorjana Portilla	1724 Santa Barbara Blvd Suite
Add			Naples, FL 34116
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

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			.,	
<u>f an amendment provides for an ex</u>	change, reclassificatio	n, or cancellation o	f issued shares,	
provisions for implementing the an	<u>iendment if not contai</u>	ined in the amendn	ient itself:	
(if not applicable, indicate N/A)				
			<del></del>	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amer fficient for approval.	odment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	03/03/2020	
Signature	spell	
selected	rector, president or other officer – if directors or officers have no I, by an incorporator – if in the hands of a receiver, trustee, or ot ed fiduciary by that fiduciary)	
	Jhorjana Portilla	
,	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	