

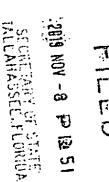
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MY FREEDOM D	NSURANCE INC		
	BER: P19000013494			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	LARISSA FABBRI			
	-	Name of Contact Person	1	
	PROPER FINANCIALS INC	÷		
		Firm/ Company		
	7635 ASHLEY PARK CT S	UITE 503-E		
		Address		
	ORLANDO, FL 32835			
		City/ State and Zip Cod	e	
LARI	SSAFABBRI@PROPERFIN	ANCIALS.COM		
	-	sed for future annual report	notification)	
		·		
For further informatio	n concerning this matter, pleas	se call:		
LARISSA FABBRI		321	299-9403	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r 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)	
Mailing Address		Street Address		
Ame	endment Section		Iment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MY FREEDOM INSURANCE INC

FILED

(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000013494	12019 NOV -8 P股51
	nt Number of Corporation (if known) SEERE TARY OF STATE Statutes, this Florida Profit Corporation and by โดย
A. If amending name, enter the new name of the corp	poration:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	PESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	,
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I detected agent.	tered Agent: am familiar with and accept the obligations of the position
Signat	ure 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:

 $P = President; \ V \cdot \ Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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: \underline{X} Change	<u>PT</u>	John Doe	
\underline{X} Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D,VP	TONI M RIDDLE	6220 S ORANGE BLOSSOM TRAIL 400
X Add			ORLANDO, FL 32809
Remove			
2) Change			
Add			
Remove			
3) Change		<u></u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an excha	inge, reclassifica	tion, or canc	ellation of iss	ued shares,	
orovisions for implementing the amen- (if not applicable, indicate N/A)	ament ii not con	itained in the	<u>amenament</u>	useu:	
			<u> </u>		
					
					. <u>.</u> .
				<u> </u>	
					

I'he date of each amendment(s) Jate this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes co	ist for the amendment(s) was/were sufficient for approval
by	···
	(voting group)
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
10/14/20	
DatedSignature	
(By a selection	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court printed fiduciary by that fiduciary)
	MAURICIO A PICCOLI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)