P190000 55792

(Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M & M ADVANCE	E INSURANCE C	ORP
DOCUMENT NUMBER: P19000055792		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following	\$
LUIS A MARTINEZ		
	Name of Contac	t Person
M & M ADVANCE INSURA	'	
	Firm/ Comp	<u> </u>
6832 NW 179TH ST APT 20	•	any
	Address	· · · · · · · · · · · · · · · · · · ·
HIALEAH, FL 33015		
	City/ State and 2	Zip Code
LUIS.MARTINEZ@ESTRELLAIN	NSURANCE.COM	
E-mail address: (to be us	l l	
	•	
For further information concerning this matter, pleas	se call:	
LUIS A MARTINEZ	305	492-8821
Name of Contact Person		Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Flori	da Department of State:
S35 Filing Fee	□\$43.75 Filing l Certified Copy (Additional copenciosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

1

M & M ADVANCE INSURANCE CORP

(Name of Corporation as current	ly filed with the Florida Dept. o	f State)
P19000055792	;	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adop	its the following amendment(s) to
A. If amending name, enter the new name of the corporation:	1	
N/A		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co ^l ". A professional corporatio	ted" or the abbreviation
B. Enter new principal office address, if applicable:	⁽ N/A	
(Principal office address MUST BE A STREET ADDRESS)		20
		S
C. Enter new mailing address, if applicable:	N/A	13 23 HA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u>்</u> ப
	;	56
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		of the
N/A	(31)	
Name of New Registered Agent	·	
(Florida si	treet uddress)	
New Registered Office Address:	·	lorida
	(Cily)	(Zip Code)
	1	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of	f the position.
<u></u>	<u> </u>	
Signature of New	Registered Agent, if changing	

address of each Officer (Attach additional sheets Please note the officer/dip P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or E i, if neces, irector tit. Presiden = Chief i er, Direct I in the favores the care.	Director besary) Ite by the fit; T= Tree Financial or would to Illowing meanroation	eing added: irst letter of the office title: isurer; S= Secretary; D= Officer. If an officer/dire be PTD. ianner, Currently John Da n, Sally Smith is named th	Director; TR= ctor holds more oe is listed as the	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	PT	John De	<u>oe</u>	I	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	!	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	į	
Type of Action (Check One)	<u>Title</u>		Name	•	Address
1) Change	V		CARLOS M MONZON	 	6832 NW 179TH ST APT 207
Add X Remove 2) Change					HIALEAH, FL 33015
Add Remove 3) Change Add Remove				 	
4) Change Add Remove		_		!	
5) Change Add		_			
Remove 6) Change					

____ Add

____ Remove

. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
N/A	
	1
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
	T.
F. If an amendment provides for an exchange, reclassification, or c	ancellation of issued shares,
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:
N/A	
	1

• •		
The date of each amendment(s) date this document was signed.	09/10/2019 adoption:	, if other than the
_	/10/2019	
Effective date if applicable:		
	(no more than 90 day	s after amendment file date) !
Note: If the date inserted in this document's effective date on the L		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	1
☐ The amendment(s) was/were as by the shareholders was/were		ber of votes cast for the amendment(s)
	pproved by the shareholders through for each voting group entitled to vote s	voting groups. The following statement separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were suf	ficient for approval
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors with	out shareholder action and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without s	hareholder action and shareholder
09/10/20	19	
Dated		-
Signatura)	
Signature (By a	director, president or other officer -	if directors or officers have not been
	ted, by an incorporator – if in the han inted fiduciary by that fiduciary)	ds of a receiver, trustee, or other court
. '	LUIS A MARTINEZ	
	(Typed or printed name	of person signing)
	PRESIDENT	
	(Title of per	rson signing)
		!

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