PPCCO 058 012

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: (ML INSU)	cance consultants Inc.
DOCUMENT NUMBER: <u>\$19000058</u> 0)12
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
<u> </u>	Rodriguet Name of Contact Person
cmr	INSURANCE CONSUltants Inc.
14361 (omn	ncrce way Ste 102
miami_	City/ State and Zip Code
E-mail address: (to be used	cmc'nswance(mso Hands - (om defor future annual report notification)
For further information concerning this matter, please	call:
Muntelle Rodrigue 2 Name of Contact Person	at (305) 781-6703 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

(MR Insurance Co	ansultants Inc. 2019 9=0
(Name of Corporation as current)	ly filed with the Florida Dept. of State)
P19000058	3012
(Document Number o	of Corporation (if known)
tursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following ame:
. If amending name, enter the new name of the corporation:	
	NA
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". A professional corporation name must contai
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA
,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	
Name of New Registered Agent N	A
(Florida st	reet address)
N D : 100 - 111 A1/A	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
Signature of New 1	Registered Agent, if changing

address of each Officer: (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasures Changes should be noted	and/or Diffecess fector title President Chief F r, Directo in the fol ves the ce	ary) e by the first letter of the office title: ; T= Treasurer; S= Secretary; D= Director; TR Financial Officer. If an officer/director holds mo or would be PTD. Howing manner. Currently John Doe is listed as a proporation, Sally Smith is named the V and S. The	= Trustee; C = Chairman or Clerk; CE ore than one title, list the first letter of c the PST and Mike Jones is listed as the
X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	_D	luis Here u	14361 Commerce Way
Add			Ste 102
Remove			miami laxes, FL 33016
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>f amending or adding additional Articl</u> Attach <i>additional sheets, if necessary).</i>	<u>es, enter change(s) i</u> (Be specific)	<u>nere</u> :		
)/A				
				<u> </u>
				-
				
			·	
	<u> </u>			<u> </u>
			_	
an amendment provides for an excha	nge, reclassification	. or cancellation o	f issued shares.	
provisions for implementing the amen	dment if not contain	ed in the amendm	ent itself:	
(if not applicable, indicate N/A)				
<u> </u>				_
		 -		

The date of each amendment(s) ado	ption:	, if othe
date this document was signed.		l
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this date will neartment of State's records.	ot be lis
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
_	Chantelle Podriques (Typed or printed name of person signing)	
	President.	
	(Title of person signing)	