## P19 000061249

| (Requestor's Name)                      |
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| Special Instructions to Filing Officer: |
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## COVER LETTER

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TO: Amendment Section

| Division of Cor         | porations   |  | ·  |  |  |  |
|-------------------------|---|--|--|--|--|--|
| NAME OF CORPO           | ORATION: Soy Insurance Con  | P  |  |  |  |  |
|                         | IBER: P19000061249  |  |  |  |  |  |
| The enclosed Article    | s of Amendment and fee are st   | abmitted for filing.   |  |  |  |  |
| Please return all corr  | espondence concerning this ma   | itter to the following:  |  |  |  |  |
|                         | Alfredo Padilla   |  |  |  |  |  |
|                         |   | Name of Contact Perso  | n  |  |  |  |
|                         | Soy Insurance Corp  |  |  |  |  |  |
|                         |   | Firm/ Company  |  |  |  |  |
|                         | 1450 Nw 87th Ave #106   |  |  |  |  |  |
|                         | Address   |  |  |  |  |  |
|                         | Miami, FL 33172   |  |  |  |  |  |
|                         |   | City/ State and Zip Cod  | e  |  |  |  |
| a.pa                    | dilla@univistainsurance.com   |  |  |  |  |  |
|                         | E-mail address: (to be u  | sed for future annual report                                       | notification)  |  |  |  |
|                         |   |  |  |  |  |  |
| For further information | on concerning this matter, pleas  | se call:   |  |  |  |  |
| Alfredo Padilla         |   | 786  | 310-5326   |  |  |  |
| Name                    | of Contact Person   |  | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check f   | or the following amount made  | payable to the Florida Depa  | artment of State:  |  |  |  |
| S35 Filing Fee          | ☐S43.75 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)   |  |  |  |
| An<br>Div<br>P.C        | niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Accutive Center Circle assee, FL 32301 |  |  |  |

## Articles of Amendment to Articles of Incorporation of

| Soy Insurance Corp   |  |  |                |
|--|--|--|----------------|
| (Name of Corporation   | as currently filed with the            | Florida Dept. of State)                |                |
| P19000061249   |  |  |                |
| (Docume  | nt Number of Corporation (if           | known)                                 |                |
| Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:  | Statutes, this <i>Florida Profit C</i> | Corporation adopts the following       | ing amendment( |
| A. If amending name, enter the new name of the cor   | poration:                              |  |                |
|  |  |  | The new        |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a | "Inc." or "Co". A profess              |  | abbreviation   |
| B. Enter new principal office address, if applicable:  |  | <u>.</u>                               | <u>. 2</u>     |
| (Principal office address <u>MUST BE A STREET ADDR</u>   | <u>(ESS</u> )                          | Į.                                     | 019            |
|  | -                                      | —————————————————————————————————————— | 5              |
|  |  | <u></u>                                | <u>V</u>       |
| C. Enter new mailing address, if applicable:   |  |  | <b>→</b> 73    |
| (Mailing address MAY BE A POST OFFICE BOX  |  | <del></del>                            |                |
|  |  | <u> </u>                               | <u></u>        |
|  |  | Tr.                                    |                |
|  |  | <del></del>                            |                |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of  |  | enter the name of the                  |                |
| Name of New Registered Agent   |  |  |                |
|  |  |  | _              |
|  | (Florida street address)               |  | _              |
| N 0 : 1600 411   | •                                      | F1 1.1                                 |                |
| New Registered Office Address:   | (City)                                 | Florida(Zip                            | Code)          |
|  |  |  |                |
|  |  |  |                |
| New Registered Agent's Signature, if changing Regis  |  | a en a car a                           |                |
| I hereby accept the appointment as registered agent. To  | am jamutar wun ana accept t            | ne obugations 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, at address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

7

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 = Chairman or Clerk; CEO

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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change          | <u>PT</u>    | John Doe             |                     |  |
|----------------------------|--------------|----------------------|---------------------|--|
| X Remove                   | <u>V</u>     | Mike Jones           |                     |  |
| X Add                      | <u>sv</u>    | Sally Smith          |                     |  |
| Type of Action (Check One) | <u>Title</u> | Name                 | Address             |  |
| 1) Change                  | VP           | YAIMARA PEREZ        | 6535 SW 6TH ST      |  |
| Add                        |              |                      | MIAMI, FL 33144     |  |
| X Remove                   |              |                      |                     |  |
| 2) Change                  | VP           | FLABIA PAREDES LAMAS | 7809 NW 104 AVE #35 |  |
| X Add                      |              |                      | MIAMI, FL 33178     |  |
| Remove                     |              |                      |                     |  |
| 3 ) Change                 |              |                      |                     |  |
| Add                        |              |                      | ·····               |  |
| Remove                     |              |                      |                     |  |
| 4) Change                  |              |                      |                     |  |
| Add                        |              |                      |                     |  |
| Remove                     |              |                      |                     |  |
|                            |              |                      |                     |  |
| 5) Change                  |              | <del></del> ,        |                     |  |
| Add                        |              |                      |                     |  |
| Remove                     |              |                      |                     |  |
| 6) Change                  |              |                      |                     |  |
| Add                        |              |                      |                     |  |
| Remove                     |              |                      |                     |  |

| ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)   |
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| amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: |
| if not applicable, indicate N/A)  |
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| an a  |

| The date of each amendment(s) adoption:   | , if other than t       |
|---|-------------------------|
| date this document was signed.  |                         |
| Effective date if applicable:  (no more than 90 days after amendment file date)   |                         |
| (no more than 90 days after amendment file date)  |                         |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.                            | will not be listed as t |
| Adoption of Amendment(s) (CHECK ONE)  |                         |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.  |                         |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s): | ıt                      |
| "The number of votes east for the amendment(s) was/were sufficient for approval   |                         |
| by"  (voting group)   |                         |
| (voting group)  |                         |
| ■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   |                         |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |                         |
| Dated 8 22 19   |                         |
| Signature (By a director, president or other officer – if directors or officers have not been   |                         |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  |                         |
| AlFredo Padilla   |                         |
| (Typed or printed name of person signing)   |                         |
| President.  |                         |
| (Title of person signing)   |                         |

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