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(Re	equestor's Name)	
(Ad	ldress)	
·	dress)	_
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: SOY INSURANC	E CORP			
DOCUMENT NUM	P100000A124G				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	ALFREDO PADILLA				
		Name of Contact Persor	1		
	SOY INSURANCE CORP				
	Firm/ Company				
	1450 NW 87TH AVE SUITE	E 106			
	<u></u>	Address			
	DORAL FL 33172				
		City/ State and Zip Code	2		
A.P.	ADILLA@UNIVISTAINSURA	ANCE.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For firther internati	on concerning this matter, plea.	ea call:			
roi futuer mioritan	on concerning this matter, piea.	se can.			
ALFREDO PADILLA		at (310-5326		
Name	of Contact Person	Area Coo	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	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	tiling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Cc 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

SOY INSURANCE CORP	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P19000061249	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRE IVER PH
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	Idress in Florida, enter the name of the
Name of New Registered Agent	
(Florida .	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent.—I am familia.	nt: r with and accept the obligations of the position.
Signature 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= 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: X Change	<u>PT</u>	John Doe		
X Remove	\underline{V}	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	VP	FLABIA PAREDES LAMAS	7809 NW 104 AVE #35	
Add			MIAMI FL 33178	
X Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
		Page 2 of 4		
:. If amending or addin (Attach additional shee		onal Articles, enter change(s) here: cessary). (Be specific)		

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	
Page 3 of 4	
e date of each amendment(s) adoption:	
	than t
ective date <u>if applicable</u> : (no more than 90 days after amendment file date)	than t

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes ca officient for approval.	ast for the amendment(s)
-	proved by the shareholders through voting groups. each voting group entitled to vote separately on t	•
"The number of votes case	for the amendment(s) was/were sufficient for app	roval
by		<u>.</u>
,	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder act	ion and shareholder
Dated	11/25/19	
Signature	Facille	
(By a c	irector, president or other officer – if directors or ord, by an incorporator – if in the hands of a received ted fiduciary by that fiduciary)	
	AlFredo Padilla.	
	(Typed or printed name of person sign	ing)
	President.	
	(Title of person signing)	