P19000090189

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S. ROBERTS AUG 0 2 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ILLUSTRATION	INSURANCE CORP					
DOCUMENT NUM	BER: P19000090189						
	s of Amendment and fee are su	bmitted for filing.					
Please return all corr	espondence concerning this ma	tter to the following:					
	SUJEIRY MEJIA						
	Name of Contact Person						
	ILLUSTRATION INSURANCE CORP						
		Firm/ Company					
	12192 Illustration Dr						
	Address						
	ORLANDO FL 32832						
		City/ State and Zip Coo	de				
	SUJEIRY05M@GMAIL.CO	М					
	E-mail address: (to be us	sed for future annual repor	t notification)				
For further information	on concerning this matter, pleas) 441-2744				
·····	of Contact Person	at (Area Ce	ode & Daytime Telephone Number				
_	or the following amount made		•				
■ \$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				
	nendment Section		Amendment Section				
	vision of Corporations	Division of Corporations The Centre of Tallahassee					
). Box 6327 lahassee, FL 32314		N. Monroe Street, Suite 810				
1 11	minosco, I L J4J17	2410 IN. MOIIIOE Street, Suite 610					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ILLUSTRATION INSURANCE CORP

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Zip Code)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				****
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
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் Change				
Add		_		
Remove				

	(Be specific)
	
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If an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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	06/13/2023	
The date of each amendmen date this document was signed	t(s) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after	amendment file datet
	this block does not meet the applicable statute the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of dire	ectors without shareholder action and shareholder
	re adopted by the shareholders. The number of ere sufficient for approval.	votes cast for the amendment(s)
	re approved by the shareholders through voting ed for each voting group entitled to vote separa	
"The number of vote	s cast for the amendment(s) was/were sufficient	for approval
by	(voting group)	
	(voting group)	
Dated Signature _	06/13/2023 Slage.	
(E	by a director, president or other officer – if directlected, by an incorporator – if in the hands of a oppointed fiduciary by that fiduciary)	
	SUJEIRY MEJIA	
	(Typed or printed name of per	son signing)
	PRESIDENT	
	(Title of person signing)	