P20000003145

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I ALBRITTON

COVER LETTER

TO: Amendment Section in Division of Corporations

NAME OF CORPOR	ATION: THE EL	ITE KEY IN.	SURANCE GROUP IN
DOCUMENT NUMBI	er: <u>P2000</u> 0	0003145	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
_	FR	Name of Contact Person	CHIM on
_		Firm/ Company	
_		Address	
_		City/ State and Zip Coo	de
For further information	E-mail address: (to be us	te Key in suran sed for future annual repor	t notification)
FRANTZ	JOACHIM	at (<u>30 5</u>	979-5832 ode & Daytime Telephone Number
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

THE ELITE KEY I	ently filed with the Florida Dept. of State)	
	entry fried with the Florida Dept. of State)	
120000003145		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendme	ent(s) to
A. If amending name, enter the new name of the corporation:	<u>:</u>	
	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 professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	8333 NW 53"St	
(Principal office address MUST BE A STREET ADDRESS)	Ste 450	
	DOBAL, FL 33166	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8333 NW 53° St	
	Ste 450	
	0 1 2 3211 1	
	Doral, FL 33166	
D. If amending the registered agent and/or registered office a		
new registered agent and/or the new registered office addr	ress:	
Name of New Registered Agent		
(Elavida	a street address)	
(Fiorita)	i sireet aaaress)	
New Registered Office Address:	, Florida (City) (Zip Code)	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent. I am familia		
	202	
Signature of Nev	w Registered Agent, if changing	
Check if applicable	\sim	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	(11) (e), F.S.	
•	$\frac{h_0}{h_0}$.	

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	<u>V</u>	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	<u>V</u>	Darneishia McNair	8333 NW 53' 4 St
_ X _ Add			STE 450
Remove			DOTAL, FL 33/66
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
 	
	······································
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

.

The date of each amendment(s) adoption	ı:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block do document's effective date on the Departme	pes not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the for approval.	amendment(s)
	by the shareholders through voting groups. The following group entitled to vote separately on the amenda	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
selected, by an	president or other officer - if directors or officers had incorporator - if in the hands of a receiver, trustee, ciary by that fiduciary)	
	JOACHIM, FRANTZ W	
	(Typed or printed name of person signing)	
	Title P	
	(Title of person signing)	

the