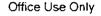
P20000030398

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
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Cadified Caning Codificator of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE FEB - 1 2023	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Nautilus Insurance	:. Inc	
DOCUMENT NUM	P20000003030S		
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Lenny E. Tineo		
		Name of Contact Perso	11
		Firm/ Company	
	5077 NW 7 Street Apt 908		
		Address	
	Miami, Fl. 33126		
		City/ State and Zip Cod	8
	ltineo@insurewithpanther.co	ım	
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	ion concerning this matter, plea	se call:	
Lenny E. Tineo		at (300-6225
Name	e of Contact Person	Area Co) 300-6225 de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314			Address ment Section
			ment Section n of Corporations
			entre of Tallahassee
		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

POLYON THE STORY

Nautilus Insurance, Inc.

(<u>Name of Corporati</u>	ion as currently filed with the Florida Dept. of State)	5
P20000030398		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
Insurance Alliance Services, Inc		The new
	orporation," "company," or "incorporated" or the abbre " or "Co". A peofessional corporation name must conviation "P.A."	viation "Corp.,"
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)	
		.
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>)	
D. If amonding the registered agent and/or register	red office address in Florida, enter the name of the	
new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as revistered agent	<mark>istered Agent:</mark> I am familiar with and accept the obligations of the posit	ian
	The state of the passes of the	
Signa	ature of New Registered Agent, it changing	

Check if applicable

☐ 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, at 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office hele President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There i, a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

<u>PT</u>	John Doc	
<u>V</u>	Mike Jones	
<u>SV</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Address</u>
	<u>V</u> <u>SV</u>	V Mike Jones SV Sally Smith

,	g or adding additional Articles, enter change(s) here: itional sheets, if necessary). — (Be specific)	
		
		·
ı.		
<u>i an am</u> orovisi	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:	
(if i	applicable, indicate N/A)	
·		
		- -

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The date of each amendment(s) adoption	n:	, it other than t
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departm	oes not meet the applicable statutory filing requirements ent of State's records.	, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareho	lder 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 ame at for approval.	ndment(s)
"The number at votes cast for the by	by the shareholders through voting groups. The following group entitled to vote separately on the amendment amendment(s) was were sufficient for approval (voting group) president or other officer – if directors or officers have in incorporator – if in the hands of a receiver, trustee, or officiary by that fiduciary) E. Tineo (Typed or printed name of person signing)	ot been
Presid	ent	
	(Title of person signing)	