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## **COVER LETTER**

TO: Amendment Section.

Division of Corporations

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: FOLL	da Risk	Insurance	Inc
DOCUMENT NUMBER: P2000	00037001		-
The enclosed Articles of Amendment and fee ar	re submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Lelo Hate Palm Bo	Name of Contact Perso RISK INS Firm/ Company her S+SE Address LING Address	urance In	
E-mail address: (to b	oe used for future annual report	notification)	-
For further information concerning this matter, p	please call:		
Jennifer Pineire Name of Contact Person	O at (30)	de & Daytime Telephone Ni	7 Imber
Enclosed is a check for the following amount ma	ade payable to the Florida Dep	artment of State:	
\$35 Filing Fee		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Address Iment Section	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## **Articles of Amendment**

to

## Articles of Incorporation

Florida Risk Insu	conor The	
	filed with the Florida Dept. of State)	
D200000370		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:		ring 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," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	professional corporation name must cont	tain the word
D. 16	nee in Florida, antar the name of the	2e:0:
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	255 III Florida, enter the name of the	·
Name of New Registered Agent		د ب
Name of New Registered Agent		
(Florida stre	et address)	— &
(7.107.112.313.1	•	بد <del></del>
New Registered Office Address:	, Florida	in Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with the second s		
Signature of New Re	gistered Agent, if changing	
Check if applicable		

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

address of each Offic (Attach additional she Please note the officer P = President; V = Vi Executive Officer; CFO President, Treasurer, Changes should be no a change, Mike Jones Mike Jones, V as Rem	er and/or I ets, if neces. /director tit ce Presiden O = Chief F Director wo ted in the fo leaves the o	Director being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Directe linancial Officer. If an officer/director holds ould be PTD. ellowing manner. Currently John Doe is list	ch officer/director being removed and title, name, and or; TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office held.  Ited as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
Example: XChange	<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>	Address
1) Change Add	VP	Jessiel Pinei	Palm Bay FL 32905
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			

\_\_\_\_ Remove

6) \_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_ Remove

tach additional sheets, if necessary).	(Be specific)	
-		
	11 diagraf insued shores	
an amendment provides for an ex	schange, reclassification, or cancellation of issued shares,	
provisions for implementing the ar	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	
an amendment provides for an exprovisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment reserve	
provisions for implementing the ar	mendment if not contained in the amendment reserve	
provisions for implementing the ar	mendment if not contained in the amendment reserve	
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; ,

The date of each amendment(s) addate this document was signed.	option: $\frac{9/3/2020}{}$	, if other than the
Effective date if applicable:		
meetive date in applicative.	(no more than 90 days after amo	endment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory for artment of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directo	rs without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of vote ficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for o	oved by the shareholders through voting gro each voting group entitled to vote separately	ups. The following statement on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for	approval
by		·
	(voting group)	
Dated 9/3	12020 Jenne Der Pere	هم)
(By a dir selected	ector, president of other officer – if directors by an incorporator if in the hands of a rec d fiduciary by that fiduciary)	or officers have not been eiver, trustee, or other court
-	Tennifer Pinei (Typed or printed name of person	signing)
_	Presid	ent
	(Title of person signing)	