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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	3-LAKES INSURAN	CE AGENC	Y, INC	
DOCUMENT NUMBER: P200				
The enclosed Articles of Amenda		nitted for filin	g.	
Please return all correspondence	concerning this matte	er to the follow	ving:	
ELIER HI	ERNANDEZ VALLA	DARES		
	·	Name of Cor	ntact Person	
		Firm/ Co	ompany	
13335 SW	124TH ST, SUITE #	1 205		
		Add	ress	
MIAMI, F	FL 33186			
		City/ State as	nd Zip Code	
INFO@TI	HRELAKESINSURA	NCE.COM		
E-ma	il address: (to be used	for future an	nual report not	ification)
For further information concerning	ng this matter, please	call:		
ELIER HERNANDEZ VALLAI	DARES	at (²	j.	713-0086
Name of Contact Person		, ,	Area Code	& Daytime Telephone Number
Enclosed is a check for the follow	wing amount made pa	yable to the F	Torida Departn	nent of State:
_	3.75 Filing Fee & nificate of Status	S43.75 Fili Certified C (Additional enclosed)	ору	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		The Cent 2415 N. M	

Articles of Amendment to Articles of Incorporation of			SECKETARY TALLAHASSE	·
3-LAKES INSURANCE AGENCY, INC	•		ARY ARY	; ;
(Name o	of Corporation as currentl	y filed with the Florida De		
P20000040980			ept. of State)	
	(Document Number o	f Corporation (if known)	RAT	<u>.</u>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation		s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association," B. Enter new principal office address, (Principal office address MUST BE A STATE OF A S	Corp," "Inc," or "Co". A Tor the abbreviation "P.A." if applicable: TREET ADDRESS icable:	1 professional corporation	name must contain the word	
D. If amending the registered agent an new registered agent and/or the new		ress in Florida, enter the n	ame of the	
Name of New Registered Agent	ELIER HERNANDEZ VA	ALLADARES		
	13335 SW 124TH ST, SU			
New Registered Office Address:	(Florida str	eet address)	33186 , Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar v			
	Signature of New R	egistered Agent, Af changing	3	

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, 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	¥	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	P	KILSY JIMENEZ	18396 SW 136TH CT		
Add			MIAMI, FL 33177		
Remove 2) Change	P	Elier Hernandez Valladares	13335 SW 124th CT Suite#205		
X Add			Miami, FL 33186		
Remove 3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change			_		
Add					
Remove					
6) Change					
Add					
Remove					

	the re-
	
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y nor applicable, maleule (m))	
	

	option:	, if other	than the	
date this document was signed.				
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this ble document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be liste	ed as the	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action and	sharcholder	г	
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.			
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	SEOR TALLA	2021 SEP 20	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	E TAR HASS	ξ. ()	η
by	(voting group)	333	i ő	77
	(10118 8.014)	T.		j
09/08/2021		선 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	ق	
Dated		TE RIDA	19	
Signature				
(By a directed	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)			
	ELIER HERNANDEZ VALLADARES			
•	(Typed or printed name of person signing)		,	
	PRESIDENT			
•	(Title of person signing)			