P200000 43015

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: K&E INSURANCE	E AGENCY, INC	
DOCUMENT NUME	P20000043015		<u> </u>
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre-	spondence concerning this mat	ter to the following:	
	OVADIS CAINZO GORDIL	LO	
		Name of Contact Person	
		Firm/ Company	
	9453 NW 114TH LN		
		Address	
	HIALEAH GARDENS, FL 3		
		City/ State and Zip Code	
	ea@1stchoicetaxrelief.com		
	E-mail address: (to be use	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
OVADIS CAINZO C	ORDILLO	786 at (5584718
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment of State:
S35 Filing Fee	S43.75 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

K&E INSURANCE AGENCY, INC			
(Name of Corporation as cu	rrently filed with the Florid	a Dept. of State)	
P20000043015			· · · · · · · · · · · · · · · · · · ·
(Document Nur	nber of Corporation (if know	n)	
tursuant to the provisions of section 607.1006. Florida Statutes s Articles of Incorporation:	s, this <i>Florida Profit Corpord</i>	ation adopts the followi	ng amendment(s
If amending name, enter the new name of the corporation	on:		
			The new
ame must be distinguishable and contain the word "corporatio Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation	o". A projessional corpora	rated" or the abbreviat ution name must conta	ion "Corp.,"
Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		 	
			<u> </u>
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			0
			77.5

). If amending the registered agent and/or registered offic		the name of the	42
new registered agent and/or the new registered office ac	<u>auress:</u>		
Name of New Registered Agent			_
(Flor	rida street address)		_
New Registered Office Address:		. Florida	
Hen Registered Office Hadress.	(City)	,	Code)
ew Registered Agent's Signature, if changing Registered .	Agent:		
hereby accept the appointment as registered agent. I am fan	niliar with and accept the obl	igations of the position.	
Signature of	New Registered Agent, if cha	nging	_
2.g. 	3	0.0	
Check if applicable	A (11) () C C		
\square The amendment(s) is/are being filed pursuant to s. 607.0120	0 (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> <u>John</u>	ı <u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	YELISA MEDEROS	932 SW 67 AVE
x Add	·		MIAMI, FL 33144
Remove			
2) Change			
Add			
Remove 3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional onal sheets, if necessar	y) (Be specific)				

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<u>f an amend</u>	ment provides for an	<u>exchange, reclassifi</u>	cation, or cancel	<u>lation of issued s</u>	hares,	
provisions :	for implementing the	<u>amendment if not c</u>	ontained in the a	<u>imendment itself</u>	<u>:</u>	
(if not a	pplicable, indicate NA	1)				
		_				
				·		
			 .	<u> </u>		

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The date of each amountment(a)	07/01/2020	if other than the
The date of each amendment(s) date this document was signed.	adoption:	, ii odici ulali tile
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	nt(s)
must be separately provided fo	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s): st for the amendment(s) was/were sufficient for approval	ment
by	(voting group)	
07/01/20 Dated Signature		>
(By a selec	director, president or other officer – if directors or officers have not bee ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	OVADIS CAINZO GORDILLO	
	(Typed or printed name of person signing)	 -
	PRESIDENT	
	(Title of person signing)	