P20 000048329

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: C & Y INSURANCE SERVICES INC.

DOCUMENT NUMBER: P2000048329

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SELENIA MARTIN

Name of Contact Person

C & Y INSURANCE SERVICES INC.

Firm/ Company

1491 NW 65TH STREET, APT. 201

Address

MIAMI, FL 33147

City/ State and Zip Code

SELENIA.MARTINEZ@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 SELENIA MARTIN
 at (786-830-695%)

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

🚍 🛚 \$35 Filing Fee	□\$43.75 Filing Fee &	🗆 \$43.75 Filing Fee &	\$52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
			<u>.</u> .

enclosed)

(Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

C&Y INSURANCE SERVICES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000048329

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	 AUNJE
	 61
C. Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BOX)	Z
	 0
	5 5

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

<u>Name of New Registered Agent</u>	SELENIA MARTIN	
	1491 NW 65TH STREET, APT. 201	
	(Florida street address)	
<u>New Registered Office Address:</u>	MIAMI	33147 , Florida
<u>Hen Rogister en Officio Hum boo</u> r		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

X Change	<u>PT</u>	John Doe			
X Remove	Y	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address		
1) Change	vρ	CARLOS A MARTINEZ SEVERINO	3300 NW 172ND TER		
Add			MIAMI GARDENS, FL 33056		
XRemove					
2) Change					
Add					
Remove					
Add			<u> </u>		
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4) Change					
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Remove					
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Add			<u> </u>		
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δ) Change					
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<u>If amendia:</u>	<u>er adding additional</u>	<u>Articles, enter ef</u>	ninge(s) here.		
(Attach addi	ional sheets, if necessa	ry). (Be specific	;)		
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provisions	ment provides for an for implementing the applicable, indicate N/	amendment if no	ification, or cance t contained in the	llation of issued sh amendment itself:	ares,
					-

The date of each amendment(s)	November 16, 2020 adoption:, lifether than the
date this document was signed.	
Effective date if applicable:	ovember 16, 2020
	(no more than 90 days ufter 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 date will not be listed as 'the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were as by the shareholders was/were :	topted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
□ The amendment(s) was/were ap must be separately provided for	pproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	n
	(voting group)
11/16/202 Dated	
Signature	1 and the second
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	SELENIA MARTIN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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