P200000 48897

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
		





600364357946

04/26/21-+01030-+004 **43.75

FILED
21 APR 26 FM 12: 35

My

COVER LETTER

TO: Amendment Section Division of Corporations

. . .

NAME OF CORPORATION	IN: <u>Fuertes</u>	Insurance A	drusting Inc.
DOCUMENT NUMBER:	P200000	48897	J
The enclosed Articles of Am	endment and fee are su	bmitted for filing.	
Please return all corresponde	nce concerning this ma	iter to the following:	
	Fuente 2482 50 Na	Name of Contact Person S INSUVANCE Firm/ Company AVE NE Address PUS, FL 341 City/ State and Zip Code Mce adusting ed for future appual report	20
Example 1: For further information conce	•		dotification)
John Auton Name of Cont	-Events		de & Daytime Telephone Number
Enclosed is a check for the fo	llowing amount made p	payable to the Florida Depa	irtment of State:
	\$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 Ac Amendmen Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	tly filed with the Florida Dept. of State)
<u>Fuentis Insurana Adjustina</u> (Document Number	inc.
(Document Number)	of Corporation (Jf known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
All Service Adjusting inc.	The new
name must be distinguishable and contain the word "Forporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered." "professional association." or the abbreviation "P.A.	A professional cornoration name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NA
D. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u> 21
Name of New Registered Agent N A	1- 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13
	R 2
•	rect address)
New Registered Office Address: NA	Florid
	(City) Zip Orde)
	33
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
thereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New R	Registered Agent, if 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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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	PT John I)oe	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	<u>SV</u> <u>Sally</u> :	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	NA	NA	NA
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NIA

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
NIT

	option:	, if other than
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendme fficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by _ Onn Aa	eon Fuentes	
	(voting group)	
Dated	122/21	
	OF THE PROPERTY OF THE PROPERT	
Signature (By a di	rector, president or other officer – if directors or officers have not be	 en
selected	by an incorporator - if in the hands of a receiver, trustee, or other c	
арроіпі	ed fiduciary by that fiduciary)	
	John Aaron Fuentes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	