P2000064003

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Pirela Insurance. In	<u> </u>		_		
DOCUMENT NUM	520000064003			_		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Samuel A. Pirela					
	Name of Contact Person					
	Pirela Insurance. Inc					
	Firm/ Company					
Address						
	Wimauma, FL 33598					
		City/ State and Zip Code				
		,				
	pirelainsurance@gmail.com	· · · · · · · · · · · · · · · · · · ·		_		
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:		2022		
Samuel A. Pirela		at (<u></u> 813	909-3533	2022 AUS 2		
Name	of Contact Person	Area Co	de & Daytime Telephone N			
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8	810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Pirela Insurance Inc				
(Name of Corporation as current	ly filed with the Florida Dept. of State)			
P20000064003				
(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
My Health Insurance Advisers, Inc	The new			
name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word			
B. Enter new principal office address, if applicable:	10621 Tucker Jones Rd			
(Principal office address MUST BE A STREET ADDRESS)	Unit C , Room I			
	Riverview, FL 33578			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2022			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	s:			
Name of New Registered Agent	<u> </u>			
(Florida si New Registered Office Address:	reet address)			
sen degistered Office data ess.	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New	t: with and accept the obligations of the position. 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)

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	PT	John Doe				
X Remove	$\underline{\mathbf{v}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address			
1) Change	VP	Yeidy A Cabral Debes	11216 Hidden Breeze DR			
X Add			Wimauma, FL 33598			
Remove						
2) Change		<u> </u>				
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change			<u> </u>			
Add						
Remove						
6) Change						
Add						
Damara						

. If amending or adding (Attach additional sheets	s, if necessary).	(Be specific)				
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. If an amendment prov	ides for an exc	hange, reclassific	ation, or cance	llation of issued :	shares, c.	
provisions for implen (if not applicable,	<u>aenting the amo</u> indicate N/A)	enament it not co	ntained in the	amenoment i <u>tsei</u>	<u>1:</u>	
Shares are as follows:	,					
					-	·
Samuel A. Pirela	100 Shares					
'eidy A. Cabral Debes	100 Shares					
- Cray 11. Guotar 2001			<u>-</u> -			
	, ss					
<u>-</u>						
		<u>-</u>				
· ·			-		 	

date this document was signed.	August 1, 2022 August 1, 2022	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and sl	nareholder
☐ The amendment(s) was/wer- by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated Signature (By sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) Samuel A Pirela (Typed or printed name of person signing)	
	President	