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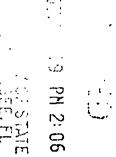
| (Requestor's Name) | |
|---|-------------------------|
| (Address) | 90042789 |
| (Address) | |
| (City/State/Zip/Phone #) | 04/19/2401 0 270 |
| (Business Entity Name) | |
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| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | C. C. Fritting |
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations A Insurance Corp NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 1145 West 30 Street

Address

Higleah, FL 33012

City/ State and Zin Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AAA INSURANCE CORP

| <u>_</u> | |
|--|---|
| (Name of Corporation as currently filed with the Florida I | Dept. of State) |
| P20000072410 | |
| (Document Number of Corporation (if known) | |
| | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporatio</i> its Articles of Incorporation: | n adopts the following amendn |
| A. If amending name, enter the new name of the corporation: | |
| name must be distinguishable and contain the word "corporation," "company," or "incorporat "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporatio "chartered," "professional association," or the abbreviation "P.A." | |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | - |
| | |
| | 1 .:. : |
| C. Enter new mailing address, if applicable: | 1 |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 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: | |
| Name of New Registered Agent | \ |
| | |
| (Florida street address) | |
| () No the Street data (13) | |
| New Registered Office Address: (City) | , F lo rida |
| | (s.p) (one) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obliga | tions of the position. |
| | \ |
| | |
| Signature of New Registered Agent, if changi | ng |
| Check if applicable | \{ |
| ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S. | 1 |

| P = President; V= Vice Executive Officer; CFO President, Treasurer, Di Changes should be noted a change, Mike Jones le Mike Jones, V as Remov | President Chief Firector wo in the fo aves the c | Howing manner. Currently John Doe is listed as the Forporation, Sally Smith is named the V and S . These si | one title, list the first letter of each office he ST and Mike Jones is listed as the V. Then |
|--|---|---|--|
| Example: X Change | <u>PT</u> | John Doe | |
| X Remove | <u>Y</u> | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | VP | CARLOS GONZALEZ | 10054 SW 228 TERRACE |
| X Add | | | MIAMI, F 33190 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | \$50 FF (1) |
| Add | | | FIG. 66 |
| Remove | | | <u> </u> |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| | | | (1 |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a

address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

| 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) | If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|--|--|---|
| 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: | (| |
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| 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 an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | | 11 |
| provisions for implementing the amendment if not contained in the amendment itself: | | 18. P |
| provisions for implementing the amendment if not contained in the amendment itself: | | T Division |
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| (if not applicable, indicate N/A) | | 54 |
| | tif not applicable, indicate N/A) | N . |
| | (i) ma appreciate, material term) | \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\. |
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| APRIL 16, 2024 | <u> </u> |
|---|-------------------------------------|
| The date of each amendment(s) adoption: | if other the |
| date this document was signed. | |
| Effective date if applicable: | <u>\</u> |
| Ino more than 90 days after amendment file days | e |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | nts, this date will not be listed a |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required. | cholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval. | mendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment | ~ 14 |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| (voting group) | |
| DatedAPRIL 16, 2024 | 19 P |
| Signature | (名)、 主 |
| (By a director, president or other officer – if directors or officers hav selected, by an incorporator – if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary) | |
| VIVIANA PACHECO | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |

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