P20000091487

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
[a
Special Instructions to Filing Officer:





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J DENNIS

JUL 1 5 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Americana Insurar	nce Agency Alliance, Inc.		
DOCUMENT NU	MBER: P20000091487		*b	
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	itter to the following:		
	Alexis Gutierrez			
		Name of Contact Person	1	
		Firm/ Company		
	8774 SW 54 Terrace			
		Address		
	Miami FL 33165			
		City/ State and Zip Code	2	
	alexisngutierrez@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	tion concerning this matter, plea	se call;		
Alexis Gutierrez		at (<u>305</u>	803-5865	
Nan	e of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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 Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607,1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- > If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- > If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- ➤ If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee	\$35,00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$8.75
Certificate of Status (optional)	\$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information you may call the Amendment Section at (850) 245-6050

Articles of Amendment Articles of Incorporation

Americana Insurance Agency Alliance,	Inc.		
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)	
220000091487			
	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the followin	g amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
New Era Insurance, Inc.			The new
	Corp," "Inc," or "Co"	company," or "incorporated" or the abbreviation of the abbreviation of the contain." 4. professional corporation name must contain."	
3. Enter new principal office address,	if applicable:	One Alhambra Plaza	
Principal office address <u>MUST BE A S</u>	STREET ADDRESS)	Coral Gables, FL 33134	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		One Alhambra Plaza	
·		Coral Gables, FL 33134	
). If amending the registered agent an new registered agent and/or the ne			-
			_
		veet address)	
New Registered Office Address:	One Alhambra Plaza, Cora	al Gables. , Florida 33134	
		(City) (Zip C	lode)
lew Registered Agent's Signature, if c hereby accept the appointment as regis.		<u>:</u> with and accept the obligations of the position.	21.85.
			<u> </u>
	Signature of New R	egistered Agent, if changing	हा; - क्
the shore a site of	,		r-3
Theck if applicable I The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e), F.S.	;л
		• • • • •	

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: XChange	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>	Name	Address
1) Change	G	Raquel Rodriguez	7026 SW 87 Ave
Add			Miami, FL 33173
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

/A	tional sheets, if neces:				
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			· <u></u>	·····	
If an amenr	dment provides for a	n evchange reclassi	Gestion or espeell	ation of issued share	•¢
provisions	for implementing th	e amendment if not	contained in the a	mendment itself:	1 <u>174</u>
(if not	applicable, indicate N	7A)			
1					
<u> </u>	· · · · · · · · · · · · · · · · · · ·				
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			· ·		

	06/05/2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	W.5 (5/4.5.)	
Effective date <u>if applicable</u> :	/05/2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendments.	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/05/20		
Dated		
Signature	Addan	
(By a selec	director, president of other officer – if directors or officers have no ted, by an incorporator – if in the hands of a receiver, trustee, or off inted fiduciary by that fiduciary)	
	Alexis Gutierrez	
	(Typed or printed name of person signing)	
	Owner/President	
	(Title of person signing)	