

P20 0000 98123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 DEC -4 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FL

*Amend.*

DEC 06 2021

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LAS PALMAS INSURANCE CORP

DOCUMENT NUMBER: P20000098123

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

Please return all correspondence concerning this matter to the following:

Jennifer Cabrera

Name of Contact Person

P20000098123

Firm/ Company

15860 SW 137 AVE

Address

MIAMI, FL 33177

City/ State and Zip Code

LASPALMAS@SEBANDAINSURANCE.COM

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

For further information concerning this matter, please call:

JENNIFER CARRERA

at ( 305 ) 3509820

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 &  
Certificate of Status

☐ \$43.75 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

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 DEC -4 AM 9:28

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2021

JENNIFER CABRERA  
15860 SW 137 AVE  
MIAMI, FL 33177

SUBJECT: LAS PALMAS INSURANCE CORP  
Ref. Number: P20000098123

We have received your document for LAS PALMAS INSURANCE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to have a officer or director sign the last page of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 721A00028637

Articles of Amendment  
to  
Articles of Incorporation  
of

LAS PALMAS INSURANCE CORP

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

P20000098123

(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. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

15860 SW 137 AVE

MIAMI, FL.

33177

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

15860 SW 137 AVE

MIAMI, FL.

33177

**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 JENNIFER CABRERA

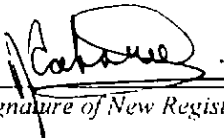
15860 SW 137 AVE

(Florida street address)

New Registered Office Address: MIAMI, Florida 33177  
(City) (Zip Code)

**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) (e), F.S.

FILED  
2021 DEC -4 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:

☒ Change                      PT              John Doe

☐ Remove                      V              Mike Jones

☐ Add                              SV              Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	ALINA R FERNANDEZ	12376 SW 194 TERR
<input type="checkbox"/> Add			MIAMI FL 33177
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	YANET GONZALEZ	12376 SW 194 TERR
<input type="checkbox"/> Add			MIAMI FL 33177
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	P	JENNIFFER CABRERA	15860 SW 137 AVE
<input checked="" type="checkbox"/> Add			MIAMI FL 33177
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	VP	MILAGROS KARIN SALDANA	15860 SW 137 AVE
<input checked="" type="checkbox"/> Add			MIAMI FL 33177
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	CFO	YELENA RAMIREZ	15860 SW 137 AVE
<input checked="" type="checkbox"/> Add			MIAMI FL 33177
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

N/A

The date of each amendment(s) adoption: November 2nd, 2021, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

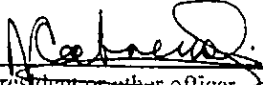
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 12/03/2021

Signature

  
(By a director, president or other officer. If directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jennifer Cabrera

(Typed or printed name of person signing)

President

(Title of person signing)