

P21000061597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

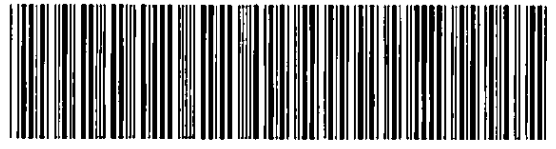
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



100430391881

05/24/24--01008--002 \*\*30.00

08/14/24--01008--002 \*\*13.75

FILED  
2024 AUG -9 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 09 2024

D CUSHING

COVERAGE INSURANCE AGENCY, INC.  
Document Number: P21000061597  
FEI/EIN Number 61-1999397

(786)287-3700 or (786)261-5984

To Whom it may concern,

I have attached a check in the amount of \$30.00

Please remove the current President listed in COVERAGE INSURANCE AGENCY, INC  
MAYLIN PLACERES-PERERA  
17134 NW 87TH PLACE  
HIALEAH, FL 33018

NEW PRESIDENT to add

Lester Martinez  
14750 NW 77TH CT  
STE 208  
MIAMI LAKES, FL 33016

Thank you,

Lester Martinez  
14750 NW 77TH CT  
STE 208  
MIAMI LAKES, FL 33016

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COVERAGE INSURANCE AGENCY, INC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lester Martinez  
\_\_\_\_\_  
Name of Person  
COVERAGE INSURANCE AGENCY, INC  
\_\_\_\_\_  
Firm/Company  
14750 NW 77th CT #208  
\_\_\_\_\_  
Address  
Miami Lakes FL 33016  
\_\_\_\_\_  
City/State and Zip Code  
lmartinez@mycoverageins.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
2024 AUG -9 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Yolanda Santiesteban 786 2615984  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2024

LESTER MARTINEZ  
COVERAGE INSURANCE AGENCY, INC  
14750 NW 77TH CT, #208  
MIAMI LAKES, FL 33016

SUBJECT: COVERAGE INSURANCE AGENCY, INC.  
Ref. Number: P21000061597

We have received your document for COVERAGE INSURANCE AGENCY, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change to an LLC, the articles of conversion must be filled out.

There is a fee of \$120.00 due.

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) 245-6000.

RUSSELL L HUNT  
Regulatory Specialist III

Letter Number: 224A00014805

*wrong form  
& need more  
money*

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2021 AUG - 9 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

Coverage Insurance Agency, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P21000061597  
(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)

14750 NW 77th Ct #208  
Miami Lakes FL, 33016

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

14750 NW 77th Ct #208  
Miami Lakes FL, 33016

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)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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.

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Maylin placares-ferera</u>	<u>17134 NW 87th Pl Hialeah FL, 33018</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>Lester Martinez</u>	<u>14750 NW 77th Ct #208 Miami Lakes, FL 33016</u>
3) <input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>MGR</u>	<u>Lester Martinez</u>	<u>14750 NW 77th Ct #208 Miami Lakes FL, 33016</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AMBR</u>	<u>Yolanda Santiesteban</u>	<u>14750 NW 77th Ct #208 Miami Lakes, FL 33016</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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

N/A

**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)*

N/A

The date of each amendment(s) adoption: 7/26/2024, 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 Maylin Placeres & Lester Martinez."  
(voting group)

Dated 7/26/2024

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)

Lester Martinez  
(Typed or printed name of person signing)

President/owner  
(Title of person signing)