P22000014678

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PURE PREMIUM	FINANCE INC.		
DOCUMENT NUMB	ER: P22000014678	. .	<u> </u>	
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	Jessica Menendez			
•		Name of Contact Perso	 	
Select Premium Finance, Inc.				
-		Firm/ Company		
	7101 W Troon Circle	. ,		
-		Address	<u> </u>	
	Miami Lakes, FL 33014			
-		City/ State and Zip Cod		
_	admin@selectpremiumfinanc	e.com ed for future annual report		
For further information	concerning this matter, pleas		790-7768) de & Daytime Telephone Nu	2022 J
Name o	f Contact Person	Area Co	de & Daytime Telephone Nu	mber
Enclosed is a check for	the following amount made p	payable to the Florida Dep	artment of State:	
S35 Filing Fee	E\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	7
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 819	0

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PURE PREMIUM FINANCE INC.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

P22000014678 (Document Number of Corp.)	
(Document Number of Corp	
	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	la Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Select Premium Finance, Inc.	The new
name must be distinguishable and contain the word "corporation," "compa". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proj "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	01 W Troon Circle
(Principal office address MIST RE A STREET ADDRESS)	iami Lakes, FL 33014
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	01 W Troon Circle
Mia —	ami Lakes, Fl. 33014
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 Jessica Menendez	
7101 W Troon Circle	
(Florida street ada	•••
New Registered Office Address: Miami Lakes	Florida 33014
(City)	(Zip Code)

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) Change	S, CFO	 -	Jessica Menendez	7101 W Troon Circle
X Add				Miami Lakes, FL 33014
Remove				
2) Change		-		
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
_ Remove				

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
	
	
	•
	
	
an amendment provides for an exchange, reclassification, or cancellation of issued shar	res.
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
	
	

• • • •

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date widepartment of State's records.	Il 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 shareholder action an	d shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s);	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
	director, president or other officer – if directors or officers have not been cit, by an incorporator – if in the hands of a receiver, trustee, or other court	_
	nted fiduciary by that fiduciary)	
	Jessica Menendez	
	(Typed or printed name of person signing)	
	Secretary, CFO	
	(Title of person signing)	