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COVER LETTER e

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: RLP INSURANC	E INC.		
DOCUMENT NUM	P22000058229			
The enclosed Article.	s of Amendment and fee are st	bmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	RICARDO PRIETO			
		Name of Contact Person	On .	
	RLP INSURANCE INC.			
	···	Firm/ Company		
	3114 NW 101 COURT			
		Address		
	DORAL, FL 33172			
		City/ State and Zip Cor	de	
	RICKYPRIETO@LIVE.CO	М		
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further information	on concerning this matter, pleas	se call;		
RICARDO PRIETO		at (796-6986	
Name	of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment 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			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RLP INSURANCE INC.

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P22000058229	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	autes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpora	r <u>ation:</u>
name must he distinguishable and contain the word "corpora" "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	The new ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered off new registered agent and/or the new registered office	ffice address in Florida, enter the name of the
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	Florida
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for the contract of the contr	ed Agent:
Signature o	of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.013	

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 Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jone	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	ì	<u>Name</u>	<u>Addres</u> s
1) Change	D	j	JEFF J. LAZZERI	18280 SW 204TH ST
X Add				MIAMI, FLORIDA 33187
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	eets, if necessary).	(Be specific)			
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			<u></u>		
	ovides for an excha	<u>ange, reclassificati</u>	on, or cancellation	of issued shares,	
an amendment pro		idment if not cont:	ained in the ameno	lment itself:	
<u>provisions for imple</u>	ementing the amen				
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The date of each amendment(s) adoption:	, 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 requirement document's effective date on the Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareh action was not required.	nolder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
O8/08/2022 Dated Signature (By a director president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) RICARDO PRIETO	not been other court
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)