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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019 Phone : (518)689-1212 Fax Number : (518)432-0742

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COR AMND/RESTATE/CORRECT OR O/D RESIGN NMD INSURANCE GROUP, INC

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J. HORNE

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August 23, 2022

850-617-6381

FLORIDA DEPARTMENT OF STATE Division of Corporations

NMD INSURANCE GROUP, INC. 7203 NW 116TH WAY PARKLAND, FL 33076US

SUBJECT: NMD INSURANCE GROUP, INC

REF: P22000063888

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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

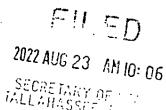
If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

FAX Aud. #: B22000283207 Letter Number: 022A00018755

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of



NMD INSURANCE GROUP, INC (Name of Corporation as currently filed with the Florida Dept. of State) NMD INSURANCE GROUP, INC (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: INFINITY INSURANCE GROUP, INC 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) , Florida New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. \overline{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.

X Change	<u>PT</u>	John Do	<u>ve</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
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5) Change				
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an amendment provides for an exchange or or implementing the amend (if not applicable, indicate N/A)	ge, reclassification ment if not contain	or cancellati ed in the ame	ion of issued endment itse	l shares, elf:	
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The data of such an		08/22/2022	:6 ask ska sk
The date of each am date this document w			, if other than th
Effective date if app	licable	·	
	-	(no more than 90 days after amendment file date)	
		n this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	ot be listed as th
Adoption of Amend	ment(s	(CHECK ONE)	
■ The amendment(s action was not rec		were adopted by the incorporators, or board of directors without shareholder action and sh	areholder
· ·		were adopted by the shareholders. The number of votes cast for the amendment(s) //were sufficient for approval.	
		were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):	
"The numbe	er of vo	ites cast for the amendment(s) was/were sufficient for approval	
by		n	
v, <u></u>		(voting group)	
Do	e e e e e e e e e e e e e e e e e e e	08/22/2022	
Da	sted		
Sig	gnature	/s/ NICHOLAS DUNN	
	-	(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)	
		NICHOLAS DUNN	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	