12/27/24, 8:33 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000423592 3)))



H240004235923ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JCM CORPORATE INC

Account Number : I20230000137 Phone : (786)327-8283 Fax Number : (786)228-2626

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN EYEDEA INSURANCE GROUP CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

J. HORNE

FEB 19 2025

To: DOC DOC

Page: 2 of 2

2025-02-18 14:17:16 GMT

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF EYEDEA INSURANCE GROUP CORP

(Name of corporation as it now appears on our records.)
(A Florida Company)

ر (A Florida Company)
The Articles of Incorporation for this Corporation were filed on <u>08/16/2022</u> and assigned Fibrida document number <u>P22000064467</u>
This amendment is submitted to amend the following:
This amendment is submitted to amend the following: Rectify the name of the President: First Name: Javier Middle Name: Alejandro Last Name: Pau Diaz
These articles of amendment were adopted on
Javier A Pau Signature of a director, president or other officer
Janier Pan
Typed or printed name of signee New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the
position. N/A
Signature of New Registered Agent, if changing