P2300030203

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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	J. HORNE	
	FEB 1 6 2024	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION:	JIMP FINANCIAL COE	₹P
DOCUMENT NUMBI		P23000030203	
		Annie of Co. Clina	
The enclosed Articles of	f Amendment and fee are su	iomitted for thing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
		JULIO MALQUI	
_		Name of Contact Person	1
		MALQUETAX	
_		Firm/ Company	
_		6005 S DEXIE HWY	
		Address	
_		WEST PALM BEACH, FI	
		City/ State and Zip Cod	e
For further information JULIO MALQUI	concerning this matter, plea		568-4559
	Contact Person	at (Area Co) 568-4559 de & Daytime Telephone Number
	the following amount made		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
	dment Section on of Corporations		lment Section on of Corporations
	30x 6327	The C	entre of Tallahassee
Tallal	iassee, FL 32314	2415 7	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



24 Jan 29 Million 12 (Name of Corporation as currently filed with the Florida Dept. of State)

P23000030203

(Documer	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corp	o <u>ration:</u>
JIMP INSURANCE & FINANCIAL AGENCY CORP	The new
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbrevio	oration," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: on familiar with and accept the obligations of the position.
Signatu	e 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:

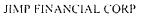
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			<u> </u>
2) Change			
Add			
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4) Change	<u> </u>		
Add			
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5) Change			
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5) Change			
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• • • • • • • • • • • • • • • • • • • •	cles, enter change(s) here: (Be specific)
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<u> </u>	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(i) nor appricame, naticale (47.1)	
(y un applicanc, naicue 1021)	
(y not apprecione, materie (4.21)	
(y nor appreame, materie 1474)	
(y not appreame, mateur way	
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(y not appreame, mateure (VA)	
(y nor appreame, mateure (4/2)	
(y nor appreame, mateure (4/A)	
(g not appreame, matture (4.21)	
(y not appreame, matture (VA)	

.

The date of each amendment(s) addate this document was signed.	option:	, it other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without share	holder action and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the ar ficient for approval.	nendment(s)
☐ The amendment(s) was/were appromust be separately provided for a	oved by the shareholders through voting groups. The follow, ach voting group entitled to vote separately on the amendme	ing statement ent(s):
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	124	
Signature	ien Pretat	
selected	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	not been other court
-	.) im Philistin (Typed or printed name of person signing)	
-	President (Title of person signing)	

Articles of Amendment Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

P23000030203

. If amending name, enter the new name of the c	orporation:	
IMP INSURANCE & FINANCIAL AGENCY COR	P	The ner
ane must be distinguishable and contain the word "c lnc.," or Co.," or the designation "Corp." "Inc. chartered," "professional association," or the abbro	" or "Co". A professional corporation	rd" or the abbreviation "Corp.,
. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>		
. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
. If amending the registered agent and/or registenew registered agent and/or the new registered Name of New Registered Agent		name of the
new registered agent and/or the new registered		name of the
new registered agent and/or the new registered		name of the
new registered agent and/or the new registered	office address: (Florida street address)	Florida
new registered agent and/or the new registered Name of New Registered Agent	office address:	

Check if applicable

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

	(Be specific)
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If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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