

P23 UUD 38988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

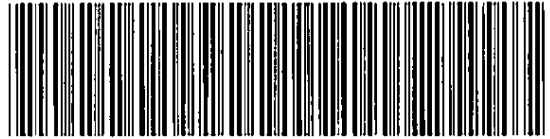
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MORA INSURANCE SERVICES CORP

DOCUMENT NUMBER: P23000038988

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MORA RODRIGUEZ, NOEL ANTONIO

Name of Contact Person

MORA INSURANCE SERVICES CORP

Firm/ Company

9711 NW 126TH TERRACE

Address

HIALEAH GARDENS, FL 33018

City/ State and Zip Code

NMORAINSURANCE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MORA RODRIGUEZ, NOEL ANTONIO

Name of Contact Person

786

at ( )

907-5807

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of  
MORA INSURANCE SERVICES CORP

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

P23000038988

(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:**

*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)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>V</u>	<u>FERNANDEZ B, IVAN F</u>	<u>1911 SCOTT ST</u>
<input type="checkbox"/> Add			<u>APT 8</u>
<input checked="" type="checkbox"/> Remove			<u>HOLLYWOOD, FL 33020</u>
2) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

APRIL 1, 2024

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

APRIL 1, 2024

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 requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_,"  
(voting group)

APRIL 1, 2024

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

MORA RODRIGUEZ, NOEL ANTONIO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

Noel Antonio Mora Rodriguez  
President I Mora Insurance Services Corp  
9711 NW 126th Terrace,  
Hialeah Gardens, FL 33018

May 5, 2024

Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Amendment for the Corporation.

Document Number of Corporation: P23000038988

Letter number: 324A00008834

To whom it may concern:

Through this letter, I would like to clarify the amendment I need to file for my business. I need to amend two things in my corporation:

1. **Remove Ivan Fernandez as the registered agent in record.** In the previous document I sent, I replaced Ivan Fernandez information for My information in part D, because I believed that would remove Ivan Fernandez as the registered agent in record and it would put me as the new registered agent in record. In this new document, I would leave the space blank but I need to remove Ivan Fernandez as the registered agent in record, and put myself, Noel Antonio Mora Rodriguez, as the registered agent in record.
2. **Remove Fernandez B, Ivan F as Vice-President.**

Attached you will find the document I am filling. If you have further questions, please don't hesitate to contact me at (786) 907-5807 or by email at nmorainsurance@gmail.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Mora", is written over a horizontal line.

Noel Antonio Mora Rodriguez



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2024

MORA RODRIGUEZ, NOEL ANTONIO  
9711 NW 126TH TERRACE  
HIALEAH GARDENS, FL 33018

SUBJECT: MORA INSURANCE SERVICES CORP  
Ref. Number: P23000038988

We have received your document for MORA INSURANCE SERVICES CORP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot have two registered agents on the the amendment.

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) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 324A00008834

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