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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: AI HEGITA IN DBA A.I. Insurance Agency
DOCUMENT NUMBER: 433000047646
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alcin Press Name of Contact Person
Firm/ Company
Rembrore Procest 33025 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (63) 479-7507 (2) Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporatio	on as currently filed with the Florida Dept. of State)		
(Docume	ent Number of Corporation (if known)		
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	ng ame	endmen
. If amending name, enter the new name of the con	rporation:		
		The	new
me must be distinguishable and contain the word "con lnc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviat or "Co". A professional corporation name must contoviation "P.A."	ion "Co tin the	orp.," word
Enter new principal office address, if applicable:	•		
rincipal office address MUST BE A STREET ADD			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
			-
			.) .)
			==
If amending the registered agent and/or registered	red office address in Florida, enter the name of the		<u>۔،</u>
new registered agent and/or the new registered o	office address:		-
Name of New Registered Agent		_	Ξ.
			-:-
	(Florida street address)	<u>:</u>	ري
New Registered Office Address:	, Florida		
	(City) (Zip	o Code)	
w Registered Agent's Signature, if changing Regi	<u>istered Agent:</u> I am familiar with and accept the obligations of the position	·	
erco, accep, me approximation is successful.	, , ,		
			
Signa	tture of New Registered Agent, if changing		
heck if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 <math>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	Doc	
X Remove	<u>V</u> <u>Mike</u>	· Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	JP	Isaac Varon	3420 Coral Springs Dr
Add Remove			Coral Springs FL 33025
2) Change Add	UP	Shazad Khan	8410 NW 27# Pl Sunnise FL 33322
Remove 3) Change			
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
	· · · · · · · · · · · · · · · · · · ·	
-		· .
<u>f an amendment provides for an excl</u>	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	•
(if not applicable, indicate N/A)		• •
		- :
		,
		7 L
		77 Luc 77 -

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: ()/2 4/202 (no more than 90 days after amendment file date)	
/ (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 document's effective date on the Department of State's records.	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 shareholder ac action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by AT Here the Too	
(voting group)	
Dated $\frac{\partial}{24/20}$	
Signature 1012	
(By a director, prosident or other officer - if directors or officers have not beer	1
selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	url
4	
Alain tierre	·
(Typed or printed name of person signing)	د - د د - د - د - د - د - د - د - د - د
Vicin Druss	
(Title of person signing)	 دي
	5
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	- :