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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALL 5	TAR TEAM INSURANCE INC
DOCUMENT NUMBER: P2400002	29093
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Ce 1; o	Lopez_ Name of Contact Person
All Star	Team Insurance Inc Firm/ Company
779, su	Address So: te 104
Doral	FL 33186 City/ State and Zip Code
	City state and sip code
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	se call:
Celio Lopez	at (305) 181 - 9568 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee Sectificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

All star Team Irsu	runce INC
(Name of Corporation as	currently filed with the Florida Dept. of State)
P 240000290	093
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corporate	ation:
	The new
iame must be distinguishable and contain the word "corpord "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviatio	ntion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
3. Enter new principal office address, if applicable:	7791 NW 46+h st
Principal office address <u>MUST BE A STREET ADDRES.</u>	suite 104
	50: te 104 Doral FL 33166
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	
Name of New Registered Agent	
	<u> </u>
	lorida street address)CO
New Registered Office Address:	. Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	ed Agent: familiar with and accept the obligations of the position.
. , , , , , , , , , , , , , , , , , , ,	, , , , ,
Signature o	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)

Example:

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Jum C. Mendicta	7791 NW 46+457
Add			Honesterd FL 33166
Remove 2) Change	₽	Lisapdra Quero	18644 SW 293vd ter
Add			Honoriteed FL 33030
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	ge(s) here:			
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			-		
	, <u> </u>				•
					_
	anna raclassific	ation, or cancel	ation of issued	shares,	
<u>f an amendment provides for an exch</u>	ange, reciassine			-	
provisions for implementing the ame	ndment if not co	ntained in the a	mendment itsel	<u>II:</u>	
an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not co	ntained in the a	mendment itsel	<u>II:</u>	
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provisions for implementing the ame	ndment if not co	ntained in the a	mendment itse	<u> </u>	
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provisions for implementing the ame	ndment if not co	ntained in the a	mendment itse		

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The date of each amendment(s) adoption date this document was signed.	: 10 03 202	4	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days afte	er amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme		tory filing requirements, this date v	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of di	rectors without shareholder action a	ind shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien		of votes east for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each v			
"The number of votes east for the	amendment(s) was/were sufficier	nt for approval	
by <u>Celio</u>	(voting group)	"	
	5/2024		
selected, by ar	president or other officer – if dire incorporator – if in the hands of ciary by that fiduciary)		
	(Typed or printed name of pe	erson signing)	
	President		
	(Title of person signing)		