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Certified Copies	Certificates of Status
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COVER LETTER

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COVERLETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: We TUSUR LEN BUINICKE AGENCY TIX. DOCUMENT NUMBER: 950000 59 175
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leonard R. Bujnicki, Jr. Name of Contag Person
We Insure Lew Bujnicki Harry Inc.
2456 N. University Dr.
Rembroke Pines F/ 33024 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leonva Bujnicki, M. at (954) 441-4141 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) \$43.75 Filing Fee & S52.50 Filing Fee 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

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Articles of Amendment	/14/2
to	1200
Articles of Incorporation	~44
of ,	·

We Insure Len Bujnicki Harney INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
DUINICKI and HISOCIATES INSULANCE DELVICES INC. 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)
rembioke PINES, the) WAT
C. Enter new mailing address, if applicable:
(Muiling address MAY BE A POST OFFICE BOX) Same 24 56 N. UNIVERSITY D.
Gembroke Vines, 72 33024
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 N A
(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
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

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 = ChiefExecutive 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	ı	
X Remove	<u>V</u>	Mike Jones	NA	
X Add	<u>sv</u>	Sally Smith	,	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				·
Add				
Remove				
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Remove 3) Change				
Add				
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Add				
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6) Change				
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amending or adding additional A ttach additional sheets, if necessary,	ticles, enter change	(s) here:		Z/14
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an amendment provides for an ex rovisions for implementing the an	endment if not cont	ained in the amend	ment itself:	
(if not applicable, indicate N/A)				
N A			<u> </u>	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (ho more than 90 days after amendment files)	île date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	t shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the am	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	,,
(voting group)	
Signature Source (By a director, president or other officer – if director, or officer selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	7.
(Title of person signing)	