## P95000085336

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PRIME AUTO	INSURANCE, INC
DOCUMENT NUMBER: P95000085336	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
NICOLE M. LOUISSAIN	NT
	Name of Contact Person
PRIME AUTO INSURAI	NCE, INC
	Firm/ Company
14538 WEST DIXIE HW	• •
	Address
MIAMI, FL 33161	
	City/ State and Zip Code
mlouiss323@aol.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	
Name of Contact Person	at (305 ) 949-9351  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee Sectificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

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

nt(s) to

	(Document Number of Corporation (if kn	ンし own)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corp	poration adopts the following amendmen
A. If amending name, enter the new na	ame of the corporation:	
	tain the word "corporation," "company," or attion "Corp," "Inc," or "Co". A profession tion," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)  D. If amending the registered agent an		er the name of the
new registered agent and/or the new		er the name of the
Name of New Registered Agent	WILDMAYER J. MARCELIN	
······································	14538 WEST DIXIE HWY	
	(Florida street address)	
New Registered Office Address:	MIAMI	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registed.	hanging Registered Agent: ered agent. I am familiar with and accept the  Signature of New Registered Agent, if o	

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add			,	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
<del></del>				
6) Change				
Add				
Remove				

(i timen mannonal sheets, if hecessury).	<u>cles, enter change(s) here</u> ; (Be specific)
-	
<del> </del>	
E. If an amandment provides for an avale	and realistification or cancellation of issued shares
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) acd date this document was signed.	loption;	, if other than th
Effective date if applicable:		
Effective date it appreasie.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ite will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(ficient for approval.	s)
	roved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	ent e
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	**	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
October, 14 Dated	., 2016	
1: //	wle in Doursains	
(By a diselected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other couned fiduciary by that fiduciary)	1
	NICOLE M LOUISSAINT	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	