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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PRIME AUTO IN	SURANCE, INC				
DOCUMENT NUMB						
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	NICOLE M. LOUISSAINT					
-		Name of Contact Person				
	PRIME AUTO INSURANCE, INC					
-	Firm/ Company					
	14538 WEST DIXIE HWY	, man Company				
-		Address				
	MIAMI, FL 33161					
•		City/ State and Zip Cod	e			
	mlouiss323@aol.com					
•	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call: at (305	949-9351			
Name of Contact Person		at (Area Co) de & Daytime Telephone Number			
Enclosed is a check for	the following amount made		·			
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810 assee, F1, 32303			

Articles of Amendment to Articles of Incorporation of

PRIME AUTO INSURANCE, INC.

(Name of	Corporation as curre	ntly filed with the Florida Dept. of State)
95000085336		
	(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1 is Articles of Incorporation:	006, Florida Statutes, th	nis Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name	ne of the corporation:	
PRIME AUTO INSURANCE & MULTI	·	
ame must be distinguishable and contain t Inc.," or Co.," or the designation "Co chartered," "professional association," o	orp," "Inc," or "Co".	The new "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word 4."
B. Enter new principal office address, if applicable:		N/A
Principal office address <u>MUST BE A ST</u>		N/A
		N/A
. Enter new mailing address, if applicable:		N/A
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)	N/A
		N/A
. If amending the registered agent and	or registered office a	ddress in Florida, enter the name of the
new registered agent and/or the new	registered office addr	ess:
Name of New Registered Agent	N/A	
	N/A	
	(17	street address)
-	(riorida	31/ 661 (1001/ 633)
New_Registered Office Address:	rioriaa N/A	. Florida

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	pith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				·
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add	· ·			
Remove				

If amending or ad (Attach additional s	ding additional Ar heets, if necessary)	ticles, enter chang (Be specific)	ge(s) here:			
A	• • • • • • • • • • • • • • • • • • • •					
	-			·		
-						
<u> </u>						
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		·				
	<u> </u>					
		=0				
f an amendment j	provides for an exc	change, reclassific	ation, or cancell	ation of issued sh	ares.	
(if not applica	plementing the amable, indicate N/A)	endment if not co	ntained in the a	mendment itself:		
,	,,					
		<u></u>				
· ·			-	 -		
						 _
						
						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	ý/A	
Effective date <u>if applicable</u> : <u></u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action an	d shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
bv	,,	
, <u> </u>	(voting group)	
02/20/20 Dated	020	
Signature	luole M Drussamh	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	NICOLE M. LOUISSAINT	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	