## P95000093574

(Red	uestor's Name)	)
(Add	ress)	
<u>(Δdα</u>	dress)	
(//00	11033)	
(City	//State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Na	me)
	•	
(Dos	cument Number	<u> </u>
000)	ament Number	,
Certified Copies	Certificate	es of Status
Special Instructions to F	ilina Officer:	
	and chiese.	
	•	J. HORNE
	9	SEP 1 1 2023
	_	. 7 7 2025

Office Use Only



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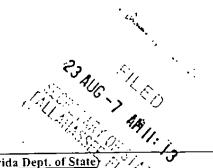
## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	SECURITY PREMI	UM FINANCE, INC.	
DOCUMENT NUMBER: _	95000093574		
The enclosed Articles of Ame		mitted for filing.	
Please return all corresponder	ce concerning this matt	er to the following:	
HUME	ERTO IRIGOYEN		
<del>_</del>		Name of Contact Person	
SECU	RITY PREMIUM FINA	NCE	
		Firm/ Company	
2655 L	EJUENE ROAD. SUIT	E 800	
		Address	
CORA	L GABLES, FLORIDA	33134	
		City/ State and Zip Code	
BERT	.IRIGOYEN@GMAIL	СОМ	
		ed for future annual report i	notification)
For further information conc HUMBERTO IRIGOYEN	erning this matter, pleas		527-4575
Name of Contact Person		at ( Area Cou	) 527-4575 le & Daytime Telephone Number
Enclosed is a check for the fi			
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	ES52.50 Filing Fee Certificate of Status 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

## Articles of Amendment to Articles of Incorporation of



SECURITY PREMIUM FINANCE, INC.

(Name of Corporation as currently	filed with the Florida Der	pt. of State)
P95000093574		
(Document Number of	Corporation (if known)	- ,
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation a	adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
LIGHTHOUSE PREMIUM FINANCE, INC.		The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated professional corporation	l" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>::</u>	
Name of New Registered Agent		
(Florida st	reet uddress)	<del></del>
(, 10,1.10.3.	<b>44.</b> (Ma. 525)	P1 '1-
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligat	tions of the position.
Signature of New	Registered Agent, if changin	ng
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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treusurer; 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, Treasucer, 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: XChange	<u>P<b>T</b></u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) 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 adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
5/A	
	schange, reclassification, or cancellation of issued shares.
nrovisions for implementing the an	menament if not contained in the amenamon re-
(if not applicable, indicate N/A)	
N/A	

JULY 31, 2023	, if other than the
The date of each amendment(s) adoption:date this clocument was signed.	
Effective date if applicable:	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of director action was not required.	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	ups. The following statement on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for	approval
BOARD OF DIRECTORS	
(voting group)	
DatedSignature	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	s or officers have not been ceiver, trustee, or other court
HUMBERTO IRIGOYEN	
(Typed or printed name of person	n signing)
PRESIDENT & DIRECTOR	
(Title of person signing)	<del></del>

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: SECURITY PREM	IUM FINANCE, INC.	
DOCUMENT NUM			<u>,</u>
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	HUMBERTO IRIGOYEN		
	<u> </u>	Name of Contact Person	1
	SECURITY PREMIUM FINA	ANCE	
		Firm/ Company	
	2655 LEJUENE ROAD, SUI	ΓE 800	
		Address	
	CORAL GABLES, FLORIDA	A 33134	
		City/ State and Zip Cod	e
	BERT.IRIGOYEN@GMAIL	.COM	
		ed for future annual repor	notification)
For further informati	on concerning this matter, pleas		
HUMBERTO IRIGOYEN		at (	) 527-4575 ode & Daytime Telephone Number
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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Tallahassee, FL 32303