P96000036053

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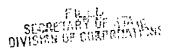
C LEWIS

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALTH FAMIL	Y INSURANCE, INC.
DOCUMENT NUMBER: P96000036053	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
IAN ILLYCH MARTINEZ,	ESQ.
	Name of Contact Person
BELLO & MARTINEZ, PLI	LC.
	Firm/ Company
800 DOUGLAS ROAD, SUI	ITE 149
	Address
CORAL GABLES FL 33134	ı —
· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code
imartinez@bmrlawgroup.com	
	sed for future annual report notification)
•	•
For further information concerning this matter, pleas	se call:
IAN ILLYCH MARTINEZ, ESQ.	305 442-7970
Name of Contact Person	at (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HEALTH FAMILY INSURANCE, INC.

15 SEP 14 PM 2: 03

•	oration as currently filed with the Florida Dept. of State)
P9600036053	
([Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of	the corporation:
N/A	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association," o	e word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the
D. Fatou now aviacinal office address if andi	N/A
B. <u>Enter new principal office address, if appli</u> (Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, enter the name of the tered office address:
N/A	
Name of New Registered Agent	
	(Florida street address)
	(1 10) tuu sireet uuuressy
New Registered Office Address:	(City), Florida (Zip Code)
	(Elp code)
New Registered Agent's Signature, if changin	
l hereby accept the appointment as registered ag	gent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent if changing

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 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	
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
1) Change	EV	ROBERTO MARTINEZ	15280 NW 79 CT
X Add			SUITE 103
Remove			MIAMI LAKES, FL 33016
2) Change	V	RAUL SAHAGUN	15280 NW 79 CT
X Add			SUITE 103
Remove			MIAMI LAKES, FL 33016
3) Change	v	MARIO DIAZ	15280 NW 79 CT
X Add	 	-	SUITE 103
Remove			MIAMI LAKES, FL. 33016
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			***************************************
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an exchange provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
N/A	

	09/01/2015	FILED SEARCTARY OF	i likis otrisi i isli
The date of each amendment	(s) adoption:	DIVISION OF COMP	
date this document was signed	09/01/2015	15 SEP 14 PI	4 2: 03
Effective date <u>if applicable</u> :			
	(no more than 90 day	ys after amendment file date)	
	this block does not meet the applicable ne Department of State's records.	statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/wer by the shareholders was/wa	e adopted by the shareholders. The numere sufficient for approval.	iber of votes east for the amendmen	rt(s)
	e approved by the shareholders through d for each voting group entitled to vote :		ment
	cast for the amendment(s) was/were suf	• •	
by	(voling group)	11	
	(voling group)		
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors with	out shareholder action and sharehol	lder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without s	chareholder action and shareholder	
Dated	9/9/15		
20.00		-	
Signature	M-7-		
	y a director, president or other officer - lected, by an incorporator - If in the han		
	pointed fiduciary by that fiduciary)	as or a roomy of manager of other an	
	FERNANDO ESPINOSA, JR.		
	(Typed or printed name	of person signing)	
	PRESIDENT		
	(Title of per	rson signing)	