## 1997000095738

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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( 12/10/2023

## **COVER LETTER**

TO: Amendment Section
Elivision of Corporations

| NAME OF CORPO  | RATION: Shifing & Toledo I                  | nsurance Inc  |  |  |  |
|--|---|---|--|--|--|
|  | BER: P97000095738                           |   |  |  |  |
|  | s of Amendment and fee are su               | bmitted for filing.   |  |  |  |
| Please return all corre  | espondence concerning this ma               | tter to the following:  |  |  |  |
|  | Esther Toledo Shiling                       |   | _  |  |  |
|  |   | Name of Contact Person  | n  |  |  |
|  | Shiling & Toledo Insurance Inc              |   |  |  |  |
|  |   | Firm/ Company   |  |  |  |
|  | PO BOX 172412                               |   |  |  |  |
|  |   | Address   |  |  |  |
|  | Hialcah, FL 33017                           |   |  |  |  |
|  |   | City/ State and Zip Cod   | c  |  |  |
|  | EShiling@sntinsurance.com                   |   |  |  |  |
|  | <del></del>                                 | sed for future annual report  | notification)  |  |  |
| For further information  | on concerning this matter, pleas            | se call: at (305  | 823 3881   |  |  |
| Name   | of Contact Person                           | Area Co   | de & Daytime Telephone Number  |  |  |
| Enclosed is a check f  | or the following amount made                | payable to the Florida Dep  | artment of State:  |  |  |
| S35 Filing Fee   | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | ☐\$52.50 Filing Fec 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

| Shiling & Toledo Insurance Inc.  |                                |  | 2023 11 127 71 8: 28                                     |
|--|--------------------------------|--|--|
| (Name of   | f Corporation as currently     | filed with the Florida De                          | ept. of State)   |
| P97000095738   |                                |  |  |
|  | (Document Number of            | Corporation (if known)                             |  |
| Pursuant to the provisions of section 607.1 its Articles of Incorporation:   | 1006, Florida Statutes, this I | Florida Profit Corporation                         | adopts the following amendment(s) to                     |
| A. If amending name, enter the new na  | me of the corporation:         |  |  |
| N/A  |                                |  | The new  |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Co"chartered," "professional association," | orp," "Inc." or "Co". A        | ompany," or "incorporated professional corporation | I" or the abbreviation "Corp" name must contain the word |
| • •  |                                | N/A  |  |
| B. Enter new principal office address, i (Principal office address MUST BE A ST  |                                |  |  |
| (1   | ,                              |  | <del>-</del>   |
|  |                                |  | <del>_</del>   |
| C. Enter new mailing address, if applic<br>(Mailing address <u>MAY BE A POST O</u>                                       |                                | N/A  |  |
| D. If amending the registered agent and new registered agent and/or the new  | d/or registered office addr    | ess in Florida, enter the r                        | ame of the   |
|  | N/A                            | •  |  |
| Name of New Registered Agent   |                                |  |  |
|  |                                |  |  |
|  | (Florida stre                  | ret address)                                       |  |
| New Registered Office Address:   |                                |  | , Florida  |
|  |                                | (City)   | (Zip Code)   |
|  |                                |  |  |
| New Registered Agent's Signature, if ch  | nanging Registered Agent:      |  |  |
| I hereby accept the appointment as registe   | ered agent. I am familiar w    | ith and accept the obligati                        | ons of the position.                                     |
|  |                                |  |  |
|  | NI / 7A                        |  |  |
|  | N/A Signature of New Re        | egistered Agent, if changing                       | ······································                   |
| Check if applicable The amendment(s) is/are being filed put  |                                |  | **   |

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 Doc    |               |                   |
|-------------------------------|--------------|-------------|---------------|-------------------|
| X Remove                      | <u>v</u>     | Mike Jones  |               |                   |
| X Add                         | <u>sv</u>    | Sally Smith |               |                   |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> |               | <u>Addres</u> s   |
| 1) Change                     | VP           | Natasha S   | Shiling       | PO BOX 172412     |
| X Add                         | <del>-</del> |             |               | Hialeah, FL 33017 |
| Remove                        |              |             |               |                   |
| 2) X Change                   | PTS          | Esther To   | oledo Shiling | PO BOX 172412     |
| Add                           |              |             |               | Hialeah, FL 33017 |
| Remove Change                 |              |             |               |                   |
| Add                           |              |             |               |                   |
| Remove                        |              |             |               |                   |
| 4) Change                     | <del></del>  |             |               |                   |
| Add                           |              |             |               |                   |
| Remove                        |              |             |               |                   |
| 5) Change                     |              |             |               |                   |
| Add                           |              |             |               |                   |
| Remove                        |              |             |               |                   |
| 6) Change                     |              | _           |               |                   |
| Add                           |              |             |               |                   |
| Remove                        |              |             |               |                   |

|  | idditional Artic<br>if necessary). | (Be specific)                               |                                     |                                  |              |   |
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|  |                                    |   |                                     |                                  | 1.1.         |   |
| f an amendment provide provisions for implementations. | les for an exchange the amer       | ange, reciassi <u>ii</u><br>idment if not c | cation, or cance<br>ontained in the | manon or issued<br>amendment its | elf:         |   |
| (if not applicable, in                                 | idicate N/A)                       |   |                                     |                                  |              |   |
|  |                                    |   |                                     |                                  |              |   |
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|  |                                    |   |                                     |                                  |              |   |

| The date of each amendment(s) ac   | loption:  | , if other than the                    |
|--|---|--|
| date this document was signed.   |   |  |
| Effective date if applicable:  | 11-18-23  |  |
| enective date in applicable.   | (no more than 90 days after amendment file date)  |  |
| Note: If the date inserted in this bidocument's effective date on the De | lock does not meet the applicable statutory filing requirements partment of State's records.                                  | s, this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |  |
| The amendment(s) was/were ado action was not required.                   | pted by the incorporators, or board of directors without shareho  | older action and shareholder           |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su       | pted by the shareholders. The number of votes cast for the ame fficient for approval.   | endment(s)                             |
|  | roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment |  |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval   |  |
| by   |   |  |
| ,  | (voting group)  |  |
| Dated  | 1-18-23   |  |
| Signature  |   |  |
|  | rector, president or other officer - if directors or officers have n  | ot been                                |
|  | i, by an incorporator - if in the hands of a receiver, trustee, or of   | ther court                             |
| appoint  | ed fiduciary by that fiduciary)   |  |
|  | Esther Toledo Shi<br>(Typed or printed name of person signing)  | ling                                   |
|  | (Typed or printed name of person signing)   | <i>5</i>                               |
|  | President   |  |
|  | (Title of person signing)   |  |