P970000 9843

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(8u	ısiness Entity Nan	ne)
(Do	cument Number)	
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STATE THASSELLE

OCT 1-4 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AGUIAR INSUR	ANCE AGENCY, INC.	
DOCUMENT NUME	P97000098435		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	MIRNA AGUIAR		
		Name of Contact Perso	n
	AGUIAR INSURANCE AG	ENCY, INC.	
		Firm/ Company	
	1001 EAST SAMPLE ROA	. •	
		Address	
	POMPANO BEACH FL 330	064	
•	-	City/ State and Zip Cod	e
AGU	IAR.MIRNA@GMAIL.COM	1	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
MIRNA AGUIAR		at ()
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AGUIAR INSURANCE AGENCY, INC.

(N)		
(Name of Corporation as curr	ently lifed with the Florida D	ept. of State)
P97000098435		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation	adopts the following a
A. If amending name, enter the new name of the corporation	<u>:</u>	
AGUIAR 8 D'ANGELO ENTERPRISES, INC.		
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	or "Co". A professional corp	rporated" or the abbi
B. Enter new principal office address, if applicable:	· ·-	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		ر 21
		3 /4
C. Enter new mailing address, if applicable:		26
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		7.1.1
		
D. If amending the registered agent and/or registered office a		name of the
new registered agent and/or the new registered office add	ress:	
Name of New Registered Agent		
(Florid	a street address)	A.17-12-12-1
V D : 100		GI 13
New Registered Office Address:	(City)	, Florida (Zip Cpd
	,	,,
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligati	ions of the position.
C:	nu Buninamud A *** 1 *	
Signature of Ne	w Registered Agent, if changin	K

	rector titi	le by the first letter of the office titl	
Executive Officer; CFO	= Chief	Financial Officer. If an officer/di	D= Director; TR= Trustee; C = Chairman or Glerk; irector holds more than one title, list the first letter
held. President, Treasure Changes should be noted			Doe is listed as the PST and Mike Jones is listed as ti
a change, Mike Jones lea	ives the c	orporation, Sally Smith is named	the V and S. These should be noted as John Doe, PT
Mike Jones, V as Remove Example:	, ana sai	ty Smun, Sv as an Aaa.	
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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u>-</u>	
Add			
Remove			
4) Change			
Add			
Remove			
5j Change			
Add			
Remove			
O Character			
6) Change	••••		
Add			
Remove		<u>.</u>	
		Page 2 of	4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title address of each Officer and/or Director being added:

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	-
	
	l l

	SEPTEMBER 16, 2019	
The date of each amendment	t(s) adoption:	<u>↓</u> , if
date this document was signed		i
	SEPTEMBER 23, 2019	
Effective date <u>if applicable</u> :		<u>!</u>
_ ,	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	not be
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/weby the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
action was not required.		
	'EMBER 23, 2019]
Dated		1
	0/////	
Signature	H.L.[1]	1
Signature	By a director, president or other officer – if directors or officers have not been	− i
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ppointed fiduciary by that fiduciary)	1
		1
	MIRNA AGUIAR HISNA HQUIQY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	\dashv