P98000084723

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(Document Number)					
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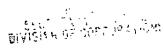
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: B & Z INSURANC	CE CORP				
DOCUMENT NUMBI	P98000084723					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this made	ter to the following:				
Ŋ	MARISOL BROOKS					
		Name of Contact Person				
1	MTA & ASSOCIATES INC.					
		Firm/ Company				
7	7975 NW 154 STREET STE 430					
-	Address					
1	MIAMI LAKES, FL 33016					
_		City/ State and Zip Code	2			
MTAT	AX@LIVE.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
MARISOL BROOKS		at (305	de & Daytime Telephone Number			
Name of	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:			
☐ \$35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, El. 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



B & Z INSURANCE CORP (Name of Corporation as currently filed with the Florida Dept. of State) P98000084723 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: . Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lee Mike Jones, V as Remove	and/or D , if necess rector titl President = Chief I er, Directo I in the fo aves the c	virector be sary) It by the far Treation in the far Treation in the far would a lowing many orporation.	eing added: asurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds mode be PTD. anner. Currently John Doe is listed as too, Sally Smith is named the V and S. The	eer/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change.	
Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Sr	mith		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change		<u> </u>			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change				**************************************	
Add					
Remove					

If amending or adding additional Art (Attach additional sheets, if necessary).	. (Be specific)	
		···
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
S TO ARTICLE IV - CAPITAL STOCE	CK OF CORPORATION	
RANSFER CERTIFICATE NO 1 FOR	1000 SHARES 100% TO LEOPOLDINA BARRIOS	

The date of each amendment	(s) adoption:	, if other than the
date this document was signed.		Set a tary or on a first on our sign and same
Effective date <u>if applicable</u> :	MAY 1, 2015	PINESHA DI CONTORLISTA
Enective date <u>ir applicable</u> .	(no more than 90 days after amendment file date)	15 MAY 18 PM 2: 32
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following standard for each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharel	nolder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	er
Dated	5-7-15	
Dateu	102:	
Signature 🗸	161 Pares	
	y a director, president or other officer - if directors or officers have not b	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other	court
aj	opointed fiduciary by that fiduciary)	
	JUSE BARRIOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	