P98000093798

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2016 JUL 15 AM 10: 32

JUL 25 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: ROBERT S. BRY	AN INSURANCE, INC.	
DOCUMENT NUMBER: P9			
The enclosed Articles of Amend	dment and fee are su	bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
, IAN ILL	YCH MARTINEZ.	ESQ.	
<u></u>		Name of Contact Person	3
BELLO	& MARTINEZ, PLI		•
		Firm/ Company	
2850 DC	DUGLAS ROAD. SU)TTE 303	
	· · · · · · · · · · · · · · · · · · ·	Address	
CORAL	GABLES FL 33134		
		City/ State and Zip Code	e
imartinez/@bm	ırlawgroup.com		
E-m	nail address: (to be us	sed for future annual report	notification)
For further information concern	-		
IAN ILLYCH MARTINEZ, ES	SQ.	at (<u>305</u>	
Name of Contac	t Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the folk	nving amount made (payable to the Florida Depa	riment of State:
-	43.75 Filing Fee & ertificate 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 Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 17	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

FILEU SECRETARY OF STATE SEVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation of

2016 JUL 15 AM 10: 32

(Name	of Corporation as current	ly filed with the Florida Dept. of State)
98000093798	,	
	(Document Number o	f Corporation (if known)
arsuant to the provisions of section 607. Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment
. If amending name, enter the new na	ame of the corporation;	
I/A		The new
nme must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or '	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:		N/A
Principal office address <u>MUST BE A S</u>		
•		
Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>	<u>icable:</u> OFFICE BOX)	N/A
If amending the registered agent an new registered agent and/or the ne	nd/or registered office add w registered office addres	ress in Florida, enter the name of the
new registered agent and/or the ne	<u>id/or registered office add</u> w registered office addres: N/A	ress in Florida, enter the name of the
. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	w registered office address	ress in Florida, enter the name of the
new registered agent and/or the ne	w registered office address N/A	<u>s:</u>
new registered agent and/or the ne	w registered office addres: N/A (Florida sti	ress in Florida, enter the name of the S: reet address)
new registered agent and/or the ne	w registered office address N/A	<u>s:</u>

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check Onc)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	ROBERT S. BRYAN	8277 S.W. 124TH STREET
Add			PINECREST FL 33156
X Remove			
2) Change	STD	JEAN M. BRYAN	8277 SW 124th STREET
Add			PINECREST FL 33156
X Remove			
3)Change	PTS	ROBIN BRYAN	8277 SW 124th STREET
X Add			PINECREST FL 33156
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) adopt	07/15/2016 .	FILE U SECRETARY OF STATE DIVISION OF CORPORATION If other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after	£010 OGE 1 0
Note: If the date inserted in this block document's effective date on the Depart	s does not meet the applicable statute ment of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici		votes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the sharcholders through voting th voting group entitled to vote separa	
"The number of votes cast for t	the amendment(s) was/were sufficient	for approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without sha	weholder action and shareholder
selected, by	12/2016 Lock D. Bryon tor, president or other officer – if directly an incorporator – if in the hands of a	etors or officers have not been
	fiduciary by that fiduciary) BERT S. BRYAN	·
	(Typed or printed name of per	Contraction Contraction
1160	(Typed of primed name of per	oon arkingti

(Title of person signing)