

09/11/2003 8:07 #1596 P.002/003  
**P99000042771**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WEST SUNSET INSURANCE, INC.**

Certificate of Status	0
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*Amend*

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#1595 P.003/003



November 5, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WEST SUNSET INSURANCE, INC.  
10300 SUNSET DRIVE  
470F  
MIAMI, FL 33173

SUBJECT: WEST SUNSET INSURANCE, INC.  
REF: P99000042771

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If you're changing the registered agent information it must be listed on the document, which must include the location and the location of the new officer/directors as well.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: B15000263961  
Letter Number: 815A00023409

RECEIVED  
15 NOV -5 PM 1:49

Articles of Amendment  
to  
Articles of Incorporation  
of

West Sunset Insurance, Inc.

FILED  
2015 NOV -5 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Document Number: P99000042771

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Remove VICTOR O. VIZCAYA

Remove Cindy Facenda

Add President & Registered Agent:

Aldo J. Castro

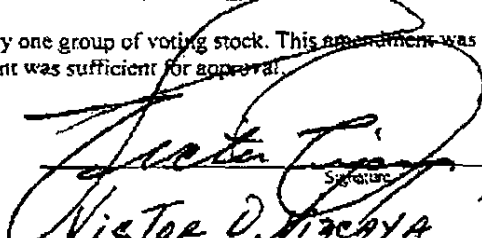
10300 SUNSET DR., Suite 470F, Miami FL 33173

Add Vice President: Maria Isabel Estrada

These articles of amendment were adopted on

11-3-2015

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

  
Signature  
VICTOR O. VIZCAYA President  
Printed Name and Title

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

H15000263968