

P99000056249

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FEB 11 2019  
T. LEMIEUX

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: First Choice Insurance <sup>and</sup> Financial Services, Inc

DOCUMENT NUMBER: P99000056249

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beatriz I Fuentes

Name of Contact Person

First Choice Insurance & Financial Services Inc

Firm/ Company

8315 SW 24 Street

Address

Miami FL 33155

City/ State and Zip Code

betty@firstchoiceinsuranceinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatriz I Fuentes

Name of Contact Person

at ( 305 ) 265 3446

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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Page 1 of 4

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                      PT      John Doe  
  
X Remove                      V      Mike Jones  
  
X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Beatriz I Jimenez</u>	<u>13185 SW 20 Ter</u> <u>Miami FL 33175</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Beatriz I Fuentes</u>	<u>13185 SW 20 Ter</u> <u>Miami FL 33175</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

\* VP Beatriz I Jimenez last name changed. VP should now be listed as Beatriz I Fuentes. It is the same person only last

A hand-drawn graph on lined paper. The graph shows a straight line starting from the origin (0,0) and extending upwards and to the right. The line passes through approximately (10, 10), indicating a positive linear relationship with a slope of 1. The line is drawn with a black pen on a white background with horizontal blue lines.

A hand-drawn graph on lined paper. The curve starts at the origin (0,0) and increases with a decreasing slope, resembling a square root function. The curve is drawn in black ink and passes through approximately (1, 0.5) and (4, 2).

The date of each amendment(s) adoption: 12/4/18 if other than the date this document was signed.

Effective date if applicable: 12/4/18  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1/15/19

Signature Beatriz I Fuentes Beatriz I Fuentes

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Beatriz I Fuentes

(Typed or printed name of person signing)

VP

(Title of person signing)

IN RE:

I  
BEATRIZ JIMENEZ,

Petitioner,  
\_\_\_\_\_

IN THE CIRCUIT COURT OF THE 11TH  
JUDICIAL CIRCUIT IN AND FOR MIAMI-  
DADE COUNTY, FLORIDA

FAMILY DIVISION

CASE NO.: 2018-010866-FC-04


**FINAL JUDGMENT OF CHANGE OF NAME (ADULT)**

THIS CAUSE come before the Court on this 4<sup>th</sup> day of December 2018 for a hearing on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

1. The Petitioner is a bona fide resident of Florida specifically, Miami-Dade County, Florida;
2. The Petitioner's request is not for any ulterior or illegal purpose; and
3. Granting this Petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise, it is

**ORDERED** that the Petitioner's present name, I BEATRIZ JIMENEZ, is changed to I BEATRIZ FUENTES, by which name Petitioner shall hereafter be known.

**ORDERED** on this 4th day of December 2018.

  
Circuit Judge

**Scott M. Bernstein**  
Circuit Court Judge

DEC 04 2018

Copies furnished to:

Madelin Diaz, Esq.  
Beatriz Fuentes

STATE OF FLORIDA, COUNTY OF MIAMI-DADE  
I HEREBY CERTIFY that the foregoing is a true and correct copy of the  
original on file in this office.  
HARVEY RUVIN, Clerk of Circuit and County Courts

Deputy Clerk 

EMMA SIEBERT



**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000056249

Entity Name: FIRST CHOICE INSURANCE AND FINANCIAL SERVICES, INC.

Current Principal Place of Business:

8315 SW 24 STREET  
MIAMI, FL 33155

Current Mailing Address:

8315 SW 24 STREET  
MIAMI, FL 33155

FEI Number: 65-0958067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

*Fuentes*  
~~JIMENEZ~~, BEATRIZ I.  
13185 SW 20 TERR  
MIAMI, FL 33175 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name FUENTES, BEATRIZ  
Address 320 S.W. 132 AVENUE  
City-State-Zip: MIAMI FL 33184

Title VP *Fuentes, Beatriz I.*  
Name ~~JIMENEZ, BEATRIZ~~  
Address 13185 SW 20 TER  
City-State-Zip: MIAMI FL 33175

*amend to* ↗

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BEATRIZ I. ~~JIMENEZ~~ *Fuentes*

VP

04/30/2018

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date