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59611	elo
(Requestor's Name) (Address)	900377935299
(Address) (City/State/Zip/Phone #)	12:17/2101008022 ++35.00
PICK-UP WAIT MAIL (Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	FIL 2022 JAN 21
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Office Use Only	A. RAMSEY
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: ____

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

Please return all correspondence concerning this matter to the following:

Delfo S Delatorre

Name of Contact Person

3907 Investment Inc dba Delatorre Insurance

Firm/ Company

12900 SW 128 ST Suite 207

Address

MIami Florida 33186

City/ State and Zip Code

Delfo04@Delatorreinsurance.net

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

For further information concerning this matter, please call:

 Delfo S Delatorre
 at 1
 305
 400-8746

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □S52.50 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 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



RECEIVED 2022 JAN 21 AM 9:01

FLORIDA DEPARTMENT OF STATESECRETARY OF STATE Division of Corporations TALLAHASSEE. FL

January 10, 2022

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DELFO S. DE;ATORRE 3907 INVESTMENT INC 12900 SW 128 ST, SUITE 207 MIAMI, FL 33186 US

SUBJECT: 3907 INVESTMENT INC Ref. Number: S96166

We have received your document for 3907 INVESTMENT INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please remove the reference to the dba name at the top of page 1 of the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

Letter Number: 322A00000675

to Articles of Inco of	mendment F11
	(1 E)
	2/192
907 Investment Inc	nendment orporation 2022 JAN 21 AH ID: 29 Jarida Dept. of State
(Name of Corporation as currently filed with the FI	lorida Dept. of State)
96166	- Andrew States
(Document Number of Corporation (if	(known)
ursuant to the provisions of section 607,1006, Florida Statutes, this a	corporation adopts the following amendment(s) to its A
acorporation:	
. If amending name, enter the new name of the corporation:	
	The n
ame must be distinguishable and contain the word "corporation," "c	
Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A	professional corporation name must contain the wo
chartered, " "professional association," or the abbreviation "P.A."	
. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
······································	
. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	<u>'</u>
Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent	
	reet address)
(Florida st	
	, Florida

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

_

.

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 = Trustec; 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 Mike Joner V SV Sally Smith <u>_X</u> Add Address Type of Action Title Name (Check One) 12900 SW 128 ST # 207 Devin Delatorre SV1) ____ Change Miami fl,33186 ____ Add х Remove 2) ____ Change ____ Add Remove 3) ____ Change ____ Remove 4) ____ Change ____ Add _____ Remove 5) ____ Change ____ Add ___ Remove 6) ____ Change ____ Add ____ Remove

If amanding and	adding additional Am	ticlos ontar cha	nae(s) here:			
It amending or a (Attach additional	adding additional Ar	(Be specific)	<u>nge(s) nere</u> .			
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 It an amendmen provisions for i 	nt provides for an exe implementing the am	change, reclassi rendment if not	<u>ication, or can</u> contained in th	e amendment its	<u>o snares,</u> elf:	
т тот аррії	icable, indicate N/A)			<u></u>		
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	12/7/2021	•	16 - sh - sh - s
The date of each amendment(s date this document was signed.	i) adoption:	<u>·</u>	, if other than t
•	2-7/2021		
Effective date <u>if applicable</u> : _	(no more than 90 c	days after amendment file date	·
	is block does not meet the applical e Department of State's records.	ble statutory filing requirements.	this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or bo	oard of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The resufficient for approval.	number of votes cast for the amer	ulment(s)
The amendment(s) was/were must be separately provided	approved by the shareholders throut for each voting group entitled to vo	igh voting groups. The following one separately on the amendment	statement (s):
"The number of votes of	cast for the amendment(s) was/were	sufficient for approval	
by	(voting group)	•*·*·*·*·*·*·	
12/7/20	21		
\2/7/20 Dated			
Dated	Delatar	ere	
Dated Signature	a pirector, president of other office	r - if directors or officers have no bands of a receiver. trustee or officers	ot been
Dated Signature (By sele	Delatar	r - if directors or officers have no hands of a receiver, trustee, or off	ot been
Dated Signature (By sele	a director, president of other office ecced, by an incorporator - if in the	r - if directors or officers have no hands of a receiver. trustee, or officers have no hands of a receiver.	ot been
Dated Signature (By sele	a firector, president of other office ecced, by an incorporator – if in the bornted fiduciary by that fiduciary) Delfo S Delatorre	er – if directors or officers have no hands of a receiver, trustee, or off ame of person signing)	ot been
Dated Signature (By sele	a firector, president of other office ecced, by an incorporator – if in the bornted fiduciary by that fiduciary) Delfo S Delatorre	hands of a receiver, trustee, or of	ot been
Dated Signature (By sele	a director, president of other office ecced, by an incorporator – if in the bornted fiduciary by that fiduciary) Delfo S Delatorre (Typed or printed na	hands of a receiver, trustee, or of ame of person signing)	ot been