(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<del></del>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





700327835277

04/12/19--01028--810 ++43.75

PH 6: 08

C. GOLDEN APR 18 2019

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: TRIPLE E INSURANCE, INC.
DOCUMENT NUMBER: PO 9 00 00 5 2 5 16
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RAFAELA C. CABIBLE
Name of Contact Person
TRIPLE E INSURANCE, INC
2713 GARDEN FALLS DR
BRANDON, FL 33511
City/ State and Zip Code
Jim_Cabble@yahoo.Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES CABBLE at (813) 245-6656
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:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy (Additional Copy

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations Clifton Building

is enclosed)

# **Articles of Amendment** to Articles of Incorporation

FILED

\	TRIPLE E INSURANCE, INC	ZUIY APR 12 PM 6: 08
(Name of C	Corporation as currently filed with the Florid	a Dept. of State)
	P09000052516	4 10 38 513 1
	(Document Number of Corporation (if known	1)
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corpora	ntion adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	the vord "corporation," "company," or "i on "Corp," "Inc," or "Co". A professional c i," or the abbreviation "P.A."	incorporated" or the abbreviation
B. Enter new principal office address, if a (Principal office address MUST BE A STRE	pplicable; EET ADDRESS	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/onew registered agent and/or the new re	r registered office address in Florida, enter the	he name of the
Name of New Registered Agent		
	(Florida street address)	<del>\</del>
New Registered Office Address:	(r toriud street address)	
	(City)	(Zip Code)
New Registered Agent's Signature, if chan	ging Registered Agent:	
I hereby accept the appointment as registered	d agent. I am familiar with and accept the obli	gations of the position.
<u> </u>		
	Signature of New Registered Agent, if chan	iging \

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.

<ul><li>Mike Jones, V as Remo Example:</li></ul>	ive, and Sally Si	mith, SV as an Add.	
X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	SV Sa	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	<u>S</u>	EVAN J. CABBLE	2713 GARDEN FALLS DR
_X_ Add			BRANDON, FL 33571
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	···		
Add			
Remove			
5) Change			
Add			<del>\</del>
Remove			
6) Change	<del></del>		
Add			
Remove			

amending or adding a	dditional Articles, enter change(s) here:
uach <i>aaamonai sheels</i> ,	if necessary). (Be specific)
	<u> </u>
<del></del>	
an amendment provid	es for an exchange, reclassification, or cancellation of issued shares.
orovisions for impleme (if not applicable, in	nting the amendment if not contained in the amendment itself:
(1) пол арупсате, п.	urue WA)

The date of each amendment(s) adoption: APRIL 8TH 2019, if other than the date this document was signed.
Effective date <u>if applicable</u> : APRIL 8TH 2019
(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
Signature Colore
(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)
<u>Rafaela</u> Cabble
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)