

From: Malika Lacy

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: |             |                 |
|-----|-------------|-----------------|
|     | Division of | Corporations    |
|     | Fax Number  | : (850)617-6380 |

From:

| Account Name   | : | LEGALZOOM.COM | INC |
|----------------|---|---------------|-----|
| Account Number | : | 120010000062  |     |
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| Fax Number     | : | (323)389-0502 |     |
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

|      | Email Address: |  |            | 10       |                      |
|------|----------------|--|------------|----------|----------------------|
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| IVED | PH 3: 1        | COR AMND/RESTATE/CORRECT OR O/D RESIGN<br>GALLO INSURANCE SERVICES, INC. | in"<br>The | 6 MM 9:  |                      |
| Ю    | <b>1</b> 6     | Certificate of Status 0  |            | : 12     |                      |
| 1    | 100            | Certified Copy 1   |            |          |                      |
|      | 2024           | Page Count 06  |            |          |                      |
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Corporate Filing Menu

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#### **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

NAME OF CORPORATION: \_\_\_\_\_\_GALLO INSURANCE SERVICES, INC.

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

| Mike Town  |          |             |
|--|----------|-------------|
| Name of Contact Person   |          |             |
| LegalZoom.com, Inc.  |          |             |
| Firm/ Company  |          |             |
| 9900 Spectrum Dr   | ~        | <b>&gt;</b> |
| Address  |          | 2           |
| Austin, TX 78717   | 2024 OCT |             |
| City/ State and Zip Code   |          | -           |
| slgallo@msn.com  |          | ית:<br>יית  |
| E-mail address: (to be used for future annual report notification) | (i)      | H ,         |

For further information concerning this matter, please call:

| Mike Town              | , 800                 | 773-0888 ext. 9724           |
|------------------------|-----------------------|------------------------------|
|                        | _ at (                | <u> </u>                     |
| Name of Contact Person | Ar <del>e</del> a Cod | e & Daytime Telephone Number |

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

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S35 Filing Fee

**\$43.75** Filing Fee & Certificate of Status

Certified Copy (Additional copy is enclosed)

■ \$43.75 Filing Fee & □\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

GALLO INSURANCE SERVICES, INC.

# (Name of Corporation as currently filed with the Florida Dept. of State)

352125

(Document Number of Corporation (if known)

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

# A. If amending name, enter the new name of the corporation;

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

| B. Enter new principal office address, if applicable:       | 2024     |
|---|----------|
| (Principal office address <u>MUST BE A STREET ADDRESS</u> ) |          |
|   | <b>6</b> |
| C. Enter new mailing address, if applicable:                |          |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )          |          |
|   |          |

# D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

|   | (Florida street address)   |            |
|---|--|------------|
| New Registered Office Address:  | ,, | , Florida  |
|   | (City)   | (Zip Code, |
| Desistand Apart's Signature if sharping I   | Depictured Agencie   |            |
| Registered Agent's Signature, if changing I<br>by accept the appointment as registered agen |  |            |

Signature of New Registered Agent, if changing

#### Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

To:

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:

| <u>X</u> Change               | <u>PT Joh</u>  | n Doc           |                        |
|-------------------------------|----------------|-----------------|------------------------|
| X Remove                      | <u>⊻ Mik</u>   | <u>ke Jones</u> |                        |
| <u>X</u> Add                  | <u>SV Şall</u> | v Smith         |                        |
| Type of Action<br>(Check One) | Title          | Nome            | <u>Addres</u> s        |
| 1) Change                     | <u>ST</u>      | Rence T Gallo   | 7327 Burgess Dr        |
| Add                           |                |                 | Lake Worth, FL 33467   |
| Remove                        |                |                 | 1709 Farmington Circle |
| 2) Change                     | V              | Justin P Gallo  |                        |
| X Add                         |                |                 | Wellington, FL 33414   |
| 3) Remove                     | ·              |                 |                        |
| Add                           |                |                 | N                      |
| Remove                        |                |                 | ·                      |
| 4) Change                     |                |                 |                        |
| Add                           |                |                 |                        |
| Remove                        |                |                 |                        |
| 5) Change                     |                |                 |                        |
| Add                           |                |                 |                        |
| Remove                        |                |                 |                        |
| 6) Change                     | <del></del>    |                 |                        |
| Add                           |                |                 |                        |
| Remove                        |                |                 |                        |
|                               |                |                 |                        |

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# E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

|  |     |             |  | <u> </u>                               |
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| • •                                    |     |             |  | 2024 OCT 16 AH 9: 2                    |
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|  |     |             |  | N N                                    |
|  |     |             |  |  |

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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2024-10-15 14:15:09 PDT

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| date this document was signed.   |  |  |  |  |  |
|--|--|--|--|--|--|
| Effective date if applicable:  |  |  |  |  |  |
| • ·  | (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 date of each amendment(s) adoption: \_\_\_\_\_\_, if other than the

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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 <u></u> | (voting group)<br>Dated 10/15/2024<br>Signature (By a director, president or other officer - if directors or officers have not been<br>selected, by an incorporator - if in the hands of a receiver, trustee, or other court<br>appointed fiduciary by that fiduciary) | INDER MANS STEP 12 | 2024 OCT 16 AH 9: 12 |  |
|------------|--|--------------------|----------------------|--|
|            | Steven I. Gallo<br>(Typed or printed name of person signing)<br>President  |                    |                      |  |
|            |  |                    |                      |  |

(Title of person signing)