

F19000001117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

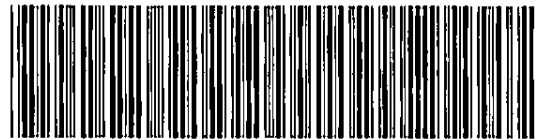
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 SEP -3 AM 8:28

CLERK OF STATE
TALLAHASSEE, FL

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Y SILVER
SEP 6 2021

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/3/21

NAME: GARREL FINANCIAL & INSURANCE SERVICES, INC.

TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Garrel Financial & Insurance Services, Inc.

Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph M. Garrel

Name of Contact Person

Firm/Company

801 Brickell Avenue Unit 1440

Address

Miami, FL 33131

City/State and Zip Code

joseph@garrelfinancial.com

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

For further information concerning this matter, please call:

Joseph Garrel

at (917) 428-7343

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F19000001117

(Document number of corporation (if known))

1. GARREL FINANCIAL & INSURANCE SERVICES, INC.

(Name of corporation as it appears on the records of the Department of State)

2. New York

(Incorporated under laws of)

3. 03/07/2019

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 08/17/2021

5. Garrel Miami Financial Group, Inc

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. 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:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

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.

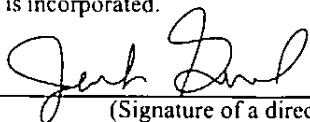
Signature of New Registered Agent, if changing

FILED
2023-3 AM 8:28
CLERK OF STATE
TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Joseph Garrel

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

**STATE OF NEW YORK
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for GARREL MIANI FINANCIAL GROUP, INC., File Number 210820001942 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on September 01, 2021.



Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

IWG-14

New York State
Department of State
Division of Corporations, State Records
and Uniform Commercial Code
41 State Street
Albany, NY 12231
www.dos.state.ny.us

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
GARREL FINANCIAL & INSURANCE SERVICES, INC.

(Insert Name of Domestic Corporation)

Under Section 805 of the Business Corporation Law

FIRST: The name of the corporation is: _____
GARREL FINANCIAL & INSURANCE SERVICES, INC.

If the name of the corporation has been changed, the name under which it was formed is: _____
STRATEGIES FOR WEALTH BROKERS INC.

SECOND: The date of filing of the certificate of incorporation with the Department of State is:
02/15/2013

THIRD: The amendment effected by this certificate of amendment is as follows: (Set forth each amendment in a separate paragraph providing the subject matter and full text of each amended paragraph. For example, an amendment changing the name of the corporation would read as follows: Paragraph *First* of the Certificate of Incorporation relating to the corporation name is hereby amended to read as follows: *First: The name of the corporation is ... (new name) ...*)

Paragraph FIRST of the Certificate of Incorporation relating to the name of the
corporation

is hereby amended to read in its entirety as follows: FIRST: The name of the
corporation is GARREL MIANI FINANCIAL GROUP, INC.



**Department of
Financial Services**

ANDREW M. CUOMO
Governor

LINDA A. LACEWELL
Superintendent

GERALD WENBERG, P.C.
ATTN: FAITH KORKASZ
90 STATE STREET, SUITE 601
ALBANY NY 12207

August 17, 2021

THE NAME GARREL MIANI FINANCIAL GROUP, INC. HAS BEEN APPROVED AS A CHANGE FROM GARREL FINANCIAL & INSURANCE SERVICES, INC. AND WILL BE RESERVED FOR A PERIOD OF SIX MONTHS DURING WHICH TIME A LICENSE MEMUST BE ISSUED IN THE NEW NAME. SINCE THIS IS A CHANGE TO A CURRENTLY LICENSED NAME, NEITHER AN APPLICATION NOR A FEE IS REQUIRED. IF YOUR LICENSING INFORMATION IS NOT INCLUDED IN THE NATIONAL PRODUCER DATABASE, WE REQUIRE A LETTER OF CERTIFICATION FROM YOUR HOME STATE SHOWING YOU ARE CURRENTLY LICENSED IN THE NEW NAME

BEFORE WE CAN ISSUE A LICENSE IN THE NEW NAME WE NEED THE RETURN OF THE LICENSE ISSUED IN THE PREVIOUS NAME. WE REQUIRE A COPY OF THE NEW YORK STATE DEPARTMENT OF STATE FILING RECEIPT SHOWING THAT THE NAME HAS BEEN AMENDED. YOU MAY CONTACT THAT DEPARTMENT BY CALLING 518-473-2492 OR BY WRITING THEM AT NYS DEPARTMENT OF STATE, DIVISION OF CORPORATIONS, ONE COMMERCE PLAZA, 99 WASHINGTON AVENUE, ALBANY, NY 12231-0001.



Very truly yours,

LICENSING BUREAU
TEL. (518) 474-6630

dpb

ONE COMMERCE PLAZA, ALBANY, NY 12257: WWW.DFS.NY.GOV

WVG-14

DRAWDOWN

FOURTH: The certificate of amendment was authorized by: *[Check the appropriate box]*

☒ The vote of the board of directors followed by a vote of a majority of all outstanding shares entitled to vote thereon at a meeting of shareholders.

☐ The vote of the board of directors followed by the unanimous written consent of the holders of all outstanding shares.

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2021 AUG 19 13:00

Lawrence A. Kirsch
(Signature)

Lawrence A. Kirsch, Authorized Person
(Name and Capacity of Signer)

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
GARREL FINANCIAL & INSURANCE SERVICES, INC.
(Insert Name of Domestic Corporation)

Under Section 805 of the Business Corporation Law

Filer's Name JOSEPH M. GARREL

Address 801 BRICKELL AVENUE, #1440

City, State and Zip Code MIAMI, FLORIDA 33131

NOTE: This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$60 filing fee, plus the required tax on shares pursuant to § 180 of the Tax Law, if applicable.

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