H07392

(Re	questor's Name	e)
(Ad	dress)	
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(Cit	y/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	cument Numbe	rr)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		J. HORNE
		FEB 1 6 2023

Office Use Only

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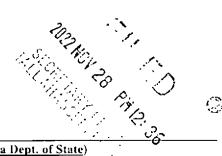
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Group Insurance Solutions, Inc.					
DOCUMENT NUMB	ER:	H07392			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
		Scott Arthur Harris			
-		Name of Contact Person	1		
		Group Insurance Solutions, Inc.			
-		Firm/ Company 18230 River Oaks Drive Address			
-					
-		City/ State and Zip Cod	e		
	sc	ott@groupinsurancesolutio	nsine.com		
-	E-mail address; (to be u	sed for future annual report	notification)		
	concerning this matter, plea		718-7348		
Name of Contact Person		at (<u>561</u> Area Co) de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		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



Group Insurance Solutions, inc.

Check if applicable

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

(Name of Corporati	on as currently filed wi	th the Florida Dept.	of State)	
(I)ocun	nent Number of Corporat	tion (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	i Statutes, this <i>Florida P</i>	rofit Corporation add	pts the following ame	endment(s) to
A. If amending name, enter the new name of the co	orporation:			
			The	new'
name must be distinguishable and contain the word "co". "Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	" or "Co". A professi	" or "incorporated" o onal corporation na	r the abbreviation "Co	orp.,"
B. Enter new principal office address, if applicable	<u></u>			
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)			
				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>			
				-
D. If amending the registered agent and/or register new registered agent and/or the new registered		orida, enter the nam	e of the	
Name of New Registered Agent	· - ·			
	777			
	(Florida street address	5)		
New Registered Office Address:	(City)	,	Florida (Zip Code)	
	(City)		(z.p com)	
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered agent.		ccept the obligations	of the position.	
Sign	ature 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)

Example:

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.

<u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes .	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	Ryan Harris	18189 SE Fairview Circle
Add Add				Tequesta, Fl 33469
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_	<u> </u>	
Add				
Remove				
5) Change		_		
Add				·
Remove				
6) Change		<u>-</u>		
Add				
Remove				

	eets, if necessary).	(ne specific)			
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provisions for imp	lementing the amen	dment if not conta	ined in the amendme	ent itself:	
i. If an amendment provisions for imp (if not applicab	dementing the amen ble, indicate N/A)	dment if not conta	tined in the amendme	ent itself:	
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	11/17/2022		
The date of each amendment(s)	adoption:		, if other than the
date this document was signed.			
1	/17/2022		
Effective date <u>if applicable</u> :			
	(no more than 90	0 days after amendment file date)	
Note: If the date inserted in this document's effective date on the		cable statutory filing requirements, this date v	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a action was not required.	dopted by the incorporators, or b	board of directors without shareholder action a	ind shareholder
☐ The amendment(s) was/were a by the shareholders was/were		e number of votes cast for the amendment(s)	
		ough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/wer	re sufficient for approval	
by		."	
Dated//_Signature	(voting group)		
selec		fer – if directors or officers have not been e hands of a receiver, trustee, or other court	
ար թ			
	Scott A Harris		
	(Typed or printed r	name of person signing)	
	President		
	(Title of person sig	gning)	