

P02000005156

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09/23/05--01015--023 \*\*43.15

FILED  
05 OCT 20 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ac 10/26  
K/cha

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GREAT FLORIDA INSURANCE OF HILLSBROUGH CO, INC

**DOCUMENT NUMBER:** P02000005156

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

Please return all correspondence concerning this matter to the following:

CECILIA M WISE

(Name of Contact Person)

(Firm/ Company)

1719 W FLETCHER AVE

(Address)

TAMPA FL 33612

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

CECILIA M WISE

(Name of Contact Person)

at ( 813 ) 849-0125

(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  
(Additional copy is  
enclosed)

☐ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 26, 2005

CECILIA WISE        corrected reject letter  
1719 W. FLETCHER AVE.  
TAMPA, FL 33612

SUBJECT: GREAT FLORIDA INSURANCE OF HILLSBOROUGH COUNTY  
INC.  
Ref. Number: P02000005156

We have received your document for GREAT FLORIDA INSURANCE OF HILLSBOROUGH COUNTY INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The date of adoption of each amendment must be included in the document.

Please check one of the boxes under the Adoption of Amendment.

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) 245-6908.

Anna Chesnut  
Document Specialist

Letter Number: 805A00064911

Articles of Amendment  
to  
Articles of Incorporation  
of

GREAT FLORIDA INSURANCE OF HILLSBROUGH COUNTY INC.

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

P02000005156

(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:

**NEW CORPORATE NAME (if changing):**

~~143 CORPORATION~~

143 TORTUGA CORPORATION

(a)

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

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(Attach additional pages if necessary)

If an amendment provides for 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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(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 7-22-05

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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.

Signed this 22ND day of JULY, 2005.

Signature \_\_\_\_\_

(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)

CECILIA M WISE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**