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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	E INSURANCE	, INC		
DOCUMENT NUMBER: POPOC	0052516			
The enclosed Articles of Amendment and fee ar	e submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
JAME	S CABRLE Name of Contact Person			
TRIPLE	F INSUPANC	E, INC		
2713 GARNEN FALLS OR				
BRAN	Address Address FL 333 City/ State and Zip Code	711		
	O vahoo . Co M e used for future annual report n	otification)		
For further information concerning this matter, p	elease call:			
JAMES CABBLE	at (813	245-6656		
Name of Contact Person	Area Code	e & Daytime Telephone Number		
Enclosed is a check for the following amount ma	ide payable to the Florida Depar	tment of State:		
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section	Street A	address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

IRPLE E INSURAN	CE, WC. filed with the Florida Dept. of State)
0900052511 (Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	TheThe
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	'o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZOLO AUG -9 PRI
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent RAFAELA C.	CABBLE
2713 GARN (Florida sire	EN FAUS IR.
New Registered Office Address: RRANDON	, Florida 33511 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Ratak	T.
Signature of New Re	rgistered 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)

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.

Mike Johes, Vas Keme.	we, ana sauy .	Smun, SV as an Aaa.	
Example: . X Change	<u>PT </u>	John Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
\underline{X} Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		JAMES CARBLE	2713 GARDEN FALLS DR
Add Remove			BRANDON, FL 33511
2) Change Add	P	RAFAELA C. CABRLE	2713 GARDAU FALLS DR BRANDON, FL 3.2571
Remove			
3) Change			
Remove			
4) Change	\		
Add Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
. 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)	
· ·	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: AUGUST 6, 2018 (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 widocument's effective date on the Department of State's records.	Il not be listed as the
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	
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 8 10 18 Signature 4 2018	
(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)	_
RAFAELA C. CABBLE (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	