## P09000079922

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Toney Gambale Insurance Agacy Inc NAME OF CORPORATION: \_ P09000079927 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company 18980 SE Rech Island Lane
Address City/ State and Zip Code Honty gambale insurance lychon com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Toney Gambale at 561 596-6260

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation

of

Toney Gamb	ale Insurence Agency	Inc
(Name of Corporation as currently f	iled with the Florida Dept. of State)	
Pog	000 079922	
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation:		
Gambale Insurance	Advisors Inc	.g.up
name must be distinguishable and contain the word "corporation," "con". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A prochartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbrevia	The new ttion "Corp.," tain the word
B. Enter new principal office address, if applicable:	7102 S Kanner H	ω <b>Υ</b>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	7102 S Kanner H Stuant, FL 3	54997
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		<del>-</del>
-	·	
		7027
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the	· N
new registered agent and/or the new registered office address:		<u>-</u>
Name of New Registered Agent		
		رد. بي
(Florida street	address)	
New Registered Office Address:	, Florida	
(Ci	(Zi	p Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position	t.
Signature of New Regi	stered Agent, if changing	<del></del>
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e).	, F.S.	

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 Doc 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:

X Change	<u>PT</u>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>Y</u>	Mike Jo	<u>mes</u>	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)					
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an amendment n	rovides for an exchan	oo rodlassificatio	n ar cancallation	of icercal chamic	
provisions for imp	lementing the amend	ment if not contai	ned in the amend	ment itself:	
(if not applicab	le, indicate N/A)	ment in the contain	neu m ene amena	thent itsen.	
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The date of each amendment(s) a date this document was signed.	adoption:, if other than the
Effective date if applicable:	
The state of the s	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were acaction was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
Dated	12/4/20 Sonegsstansule
Signature	Somedistantile
(By a ) select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Toney Gambake (Typed or printed name of person signing)
	(Title of person signing)