

P16000067626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

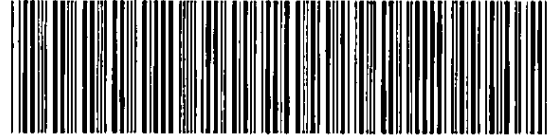
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Small Town Girl Insurance, Inc  
DOCUMENT NUMBER: PI6 0000 67626

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

Please return all correspondence concerning this matter to the following:

Colleen Pennisi-Perez  
Name of Contact Person  
Small Town Girl Insurance, Inc.  
Firm/ Company  
126 Dal Hall Blvd  
Address  
Lake Placid, FL 33852  
City/ State and Zip Code  
Smalltowngirlinsurance@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Pennisi-Perez at (786) 213-3948  
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 & 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)
- CK# 844

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

Small Town Girl Insurance, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)  
P 16 0000 67626  
(Document Number of Corporation (if known))

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

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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.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                        |                              |
|---|----------|------------------------|------------------------------|
| 1) <input type="checkbox"/> Change      | <u>V</u> | <u>Romilio Perez</u>   | <u>PO Box 357</u>            |
| <input checked="" type="checkbox"/> Add |          |                        | <u>Lake Placid, FL 33862</u> |
| <input type="checkbox"/> Remove         |          |                        |                              |
| 2) <input type="checkbox"/> Change      | <u>S</u> | <u>Mallory McNally</u> | <u>4902 Lime Rd.</u>         |
| <input checked="" type="checkbox"/> Add |          |                        | <u>Sebring, FL 33875</u>     |
| <input type="checkbox"/> Remove         |          |                        |                              |
| 3) <input type="checkbox"/> Change      | _____    | _____                  | _____                        |
| <input type="checkbox"/> Add            |          |                        | _____                        |
| <input type="checkbox"/> Remove         |          |                        | _____                        |
| 4) <input type="checkbox"/> Change      | _____    | _____                  | _____                        |
| <input type="checkbox"/> Add            |          |                        | _____                        |
| <input type="checkbox"/> Remove         |          |                        | _____                        |
| 5) <input type="checkbox"/> Change      | _____    | _____                  | _____                        |
| <input type="checkbox"/> Add            |          |                        | _____                        |
| <input type="checkbox"/> Remove         |          |                        | _____                        |
| 6) <input type="checkbox"/> Change      | _____    | _____                  | _____                        |
| <input type="checkbox"/> Add            |          |                        | _____                        |
| <input type="checkbox"/> Remove         |          |                        | _____                        |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 \_\_\_\_\_"  
(voting group)

Dated 9-25-2024

Signature [Handwritten 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)

Colleen Pennisi-Perez

(Typed or printed name of person signing)

President

(Title of person signing)

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