P17000092550

(Reque	estor's Name))
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRIPLE LINSURA	ANCE CORP		
DOCUMENT NUMB	ER: P17000092850			
	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
		INES RODRIGUEZ		
-		Name of Contact Person	1	
		TRIPLE LINSURANCE C	CORP	
_		Firm/ Company		
	1840 W 49TH ST SUITE 707			
_		Address		
_		HIALEAH, FL 33012		
		City/ State and Zip Code	e	
	Ţ	TRIPLEI4930@GMAIL.CO	DM .	
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, plea.	se call:		
INES RODRIGUEZ		786	423-3540	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 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)	
Amen Divisi P.O. E	ng Address idment Section ion of Corporations 30x 6327 nassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	,,		
TRIPLETIN	SURANCE CORP		
(Name of Corporation as curren	itly filed with the Floric	la Dept. of State)	
P1700	00092850		
(Document Number	of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thus Articles of Incorporation:	s Florida Profit Corpord	ation adopts the fo	illowing amendme
. If amending name, enter the new name of the corporation:			
		⊈ ¹	🗴 👺 he new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)	A professional corpore	rated or the alignation name mus	reviation 'Corp "
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			<u></u>
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter (the name of the	
Name of New Registered Agent			
(Florida :	treet address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		, Florida	
	(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip Code)
lew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian Signature of New	it; with and accept the obli Registered Agent, if char		ition.
•	Committee of the commit	v a	
heck 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 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: X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	ISMAEL SANCHEZ	3910 SW 47 AVENUE
Add			WEST PARK. 2023
X Remove			
2) Change			6 5 FI
Add			7 P 11
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
	S 28
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	6 5 G
	F # 32
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	—
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
у пол аррисате, такие сому	
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	· · · · · · · · · · · · · · · · · · ·

27.

	05/10/2022	
The date of each amendment(s) adoptidate this document was signed.	on:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will nent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and	shareholder
by the shareholders was/were sufficient		を表する
☐ The amendment(s) was/were approved must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	3 川
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	3:13
by	,	
selected, by	r. mexident or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	_
appointed fic	luctary by that fiduciary)	
	INES RODRIGUEZ	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	