## P190000 16127

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2019 HAR 20 PM 5: 58

C. GOLDEN MAR 2 9 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Tanya Grubii Age	ncy Inc				
DOCUMENT NUMB	P19000016127					
The enclosed Articles of	of Amendment and fee are su	ubmitted for filing.				
Please return all corres	pondence concerning this ma	atter to the following:				
	Tetyana Grubii		•			
-		Name of Contact Person	l			
	State Farm					
•	Firm/ Company					
	7765 Preserve Ln, Ste 5					
•	Address					
	Naples, FL 34119					
-		City/ State and Zip Code	2			
tanya	@tanyagrubii.com					
	<u> </u>	sed for future annual report	notification)			
	13 man anaress. (10 00 a	sed for ratare unitidal report	notification,			
For further information	concerning this matter, pleas	se call:				
Tetyana Grubii		at ( <sup>239</sup>	284-2925			
	f Contact Person	at (	_) de & Daytime Telephone Number			
, ,,,,,,,,	, connect relative	Aica Cot	de de Daytine Pelephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:			
S35 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)			
Amer Divis	ing Address  Indment Section  Ion of Corporations  Box 6327	Amend Divisio	Address ment Section n of Corporations Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Tanya Grubii Agency Inc

2019 MAR 20 PM 5: 56

(Nama of Corporation as a	currently filed with the Florida Dept. of State)
P19000016127	TALI AHASSEE, FL
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
Tanya Grubii Insurance Agency Inc	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
(F)	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	1 Agent: uniliar with and accept the obligations of the position.
Signature o	of New Registered 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.

Example: X Change	PT	John Do	<u>oe</u>		
X Remove	<u>y</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address	
1) Change		_			
Add					
Remove					
2) Change		<del>_</del>			
Add					
Remove					
3 ) Change		_			
Add					
Remove					
4) Change					
Add	-				
Remove					
5) Change					
Add					
Remove				····	
6) Change		_			
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del></del>	<del></del>
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(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 a document's effective date on the Department of State's records.	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"  (voting group)	
(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.	
Dated	
Signature J. Heulei	
(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)	
· · · · · · · · · · · · · · · · · · ·	
(Typed or primed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>