## P20 0000083222

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMERICANA INS	SURANCE AGENCY OF	TAMPA INC
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LISANDRA MACIAS		
-		Name of Contact Person	1
-		Firm/ Company	
	13361 N 56 ST		
-		Address	
_	TAMPA, FL 33617		
		City/ State and Zip Code	
	gginsuranceagencygroup@gr	mail.com	
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LISANDRA MACIAS		at (	417-0640
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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AMERICANA	INSURANCE	AGENCY	OF TAMPA	INC

AMERICANA INSURANCE AGENCY			
·	of Corporation as curren	ntly filed with the Florida Di	ept. of State)
P20000083222			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
GG INSURANCE AGENCY GROUP, I	NC		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C"chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address,	if applicable:	13361 N 56 ST	
(Principal office address MUST BE A S		TAMPA, FL 33617	
			2021 SEC
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13361 N 56 ST	DEC 2
<u></u>	(Blutting dudress BIAT DE ATOST OFFICE DOA)		F - P -
			D S
D. If amending the registered agent ar new registered agent and/or the new			ame of the Σ
Name of New Registered Agent	N/A		
trame of their Registered Agent			<del></del>
	(Florida	street address)	<del></del>
u n i tor ili	13361 N 56 ST, TAMPA		. Florida 33617
New Registered Office Address:	(City)		, Florida (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age ered agent. I am familia	nt: r with and accept the obligati	ons of the position.
	Signature of New	Registered Agent, if changin	<del></del>
Check if applicable		· · · · · · · · · · · · · · · · · · ·	
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (1	1) (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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_ <u>-</u>		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		<del> </del>
X Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		·
Add				
Remove				

E. If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	s) here:
N/A	
	-
F. If an amendment provides for an exchange, reclassificate provisions for implementing the amendment if not con	ion, or cancellation of issued shares,
(if not applicable, indicate N/A)	anted in the antenoment parts.
N/A	

	12/22/2021	
The date of each amendment	(s) adoption:	, if other than the
date this document was signed		
	12/22/2021	
Effective date <u>if applicable</u> :		· -
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements he Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the ame ere sufficient for approval.	endment(s)
	re approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendment	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	n	
<u> </u>	(voting group)	
12/22	/2021	
Dated		
Signature	Lisandra Macias	
(E	by a director, president or other officer – if directors or officers have nelected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	LISANDRA MACIAS	
	(Typed or printed name of person signing)	
	OWNER/PRESIDENT	
	(Title of person signing)	· <del></del>

· . . . .