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A. RAMSEY SEP 30 2022

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gissela Alonzo Insurance Agency Inc							
DOCUMENT NUMBER: P21000024279							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Gissela Alonzo							
Name of Contact Person							
6807 W 36 DUE = 7 204							
6807 W 36 DUE FI 204  Address City/ State and Zip Code							
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call: $ \begin{array}{cccccccccccccccccccccccccccccccccc$							
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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)							
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							

## Articles of Amendment to Articles of Incorporation of

FILED

Gissela Alonzo Insurance Agency Inc

2022 JUN 30 PM 12 27

(Name of Corporation as	currently filed with the Florida Dept. of State)
P21000024279	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpor	ration: The new
name must be distinguishable and contain the word "corpore". Inc.," or Co.," or the designation "Corp." "Inc," or chartered," "professional association," or the abbreviation.	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRES	6807 W 36 AVE # 204 Hialeah Gardens, FL 33018
7 (mespec 0)) (ce umin (0) ( <u>1200) 221 (221)</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6807 W 36 AVE # 204 Hialcah Gardens, FL 33018
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent	
(1)	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register land hereby accept the appointment as registered agent. I am	red Agent: familiar with and accept the obligations of the position
Signature	of New Registered Agent, if changing
Check if applicable	

 $\square$  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: PT John Doe X Change Mike Jones X Remove SVSally Smith  $\underline{X}$  Add Address Name <u>Title</u> Type of Action (Check One) 6807 W 36 AVE # 204 Blanca G Ortez 1) \_\_\_\_ Change Hialeah Gardens, FL 33018 Add \_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 3 ) \_\_\_\_ Change \_\_\_ Add Remove 4) \_\_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change

 $_{\perp}$  Add

Remove

I amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exc	hange, reclassification	on, or cancellation c	f issued shares,	
provisions for implementing the am	endment if not conta	ined in the amendn	<u>nent itself:</u>	
(if not applicable, indicate N/A)	•			
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The date of each amendment(s) a	doption:	Msy	<u>i5</u>	200	<u></u>	, if other than the
date this document was signed.  Effective date if applicable:	MAN (no	y 15 omore than 9	202 0 days afte	2 r amendment	file date)	
Note: If the date inserted in this bedocument's effective date on the Do			rable statut	ory filing req	uirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHEC	K O <u>NE</u> )				
The amendment(s) was/were addaction was not required.	opted by the inco	orporators, or l	board of di	rectors withou	it shareholder a	ection and shareholder
The amendment(s) was/were add by the shareholders was/were su			e number o	f votes cast fo	or the amendme	ent(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the share each voting gro	areholders thro up entitled to	ough voting	g groups. The	ofollowing stat mendment(s):	ement
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06/1 Dated	5/2022					
Signature	Such	elo	nzo	<u> </u>		
selecte	lirector, presidented, by an incorpolated fiduciary by	rator - if in th	e hands of			
	Gissela Alonzo					
	(Тур	oed or printed	name of po	erson signing)		
	President	H	me.	<u>ھ_</u> سر	long	
	(Titl	le of person si	gning)		/	