## P21000063471

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2021 SEP 27 AM 10: 44
SECRETARY OF SHAPE

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SINGH INSURANCE CARE INC					
DOCUMENT NUMBER: P21000063471					
The enclosed Articles	of Amendment and fee are sub	mitted for filing.			
Please return ail corre	spondence concerning this matt	ter to the following:			
TEJINDER SINGH					
	Name of Contact Person				
	SINGH INSURANCE CARE INC				
		Firm/ Company			
	3091 MANDOLIN DR				
		Address			
	KISSIMMEE, FL 34744				
		City/ State and Zip Code			
	singh.tejinder017@gmail.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
TEJINDER SINGH		at (	866-1416 le & Daytime Telephone Number		
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ar Di P.G	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

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2021 SEP 27 AM 10: 44

SINGH INSURANCE CARE INC

SECRETARY OF STATE IALLAHASSEE, FLORES

rsuant to the provisions of section 607.1006, Florida Statu Articles of Incorporation:	umber of Corporation (if kno ites, this <i>Florida Profit Corpo</i>		
rsuant to the provisions of section 607.1006, Florida Statu Articles of Incorporation:	•		
Articles of Incorporation:	ites, this <i>Florida Profit Corpo</i>	pration adopts the following amo	
If a war ding name anton the new name of the corporate			endmen
If amending name, enter the new name of the corpora	ation:		
NGH CLEAR CREDIT INC			new
me must be distinguishable and contain the word "corporanc.," or Co.," or the designation "Corp," "Inc," or 'chartered," "professional association," or the abbreviation	"Co". A professional corpe	norated" or the abbreviation "C oration name must contain the	orp.," word
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(mailing dualess MAT BEAT OST OTTICE BOT)	<del> </del>		
		<del></del>	
. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, ent	er the name of the	
Name of New Registered Agent	-1141	<del></del>	
	Florida street address)	···	
New Registered Office Address:		. Florida	
Hen Registered Office Andreas.	(City)	(Zip Code)	

☐ 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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				 
Add				
Remove				
2) Change				
Add				
Remove 3) Change				 
Add				
Remove				
4) Change			<del></del>	 
Add				
Remove				····
5) Change				
Add				
Remove				·
6) Change				
Add				
Remove				

E. If amending or adding additional (Attach additional sheets, if necessa	Articies, enter cl 7). (Be specific	nange(s) here:			
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F. If an amendment provides for an	exchange, reclas	sification, or car	ncellation of issue	d shares,	
provisions for implementing the	amendment if no	ot contained in t	he amendment its	elf:	
(if not applicable, indicate N/.	4)				
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	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)
Note: If the date inserted in this be document's effective date on the Do	lock does not meet the applicable statuto partment of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of dire	ectors without shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of ifficient for approval.	votes east for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes east	for the amendment(s) was/were sufficient	for approval
by		···
	(voting group)	
09/21/202 Dated	^	
Signature	Zin,	
` ,	lirector, president or other officer – if directed, by an incorporator – if in the hands of a	
	ited fiduciary by that fiduciary)	•
	TEJINDER SINGH	
	(Typed or printed name of per	rson signing)
	PRESIDENT	
	(Title of person signing)	