## P22000000160

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS JAN 2 8 2022



700379249517

01/10/22--01012--003 \*\*35.00

0072 JAH 10 AHTH: 02

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TOP CHOISE INS	TURANCE, INC	
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MARIO E TORRES		
		Name of Contact Person	n .
		Firm/ Company	
	125 NW 164 AVE	, ,	
	1000 4000 4000 4000 4000 4000	Address	
	PEMBROKE PINES, FL 330	City/ State and Zip Code	0
	mto17900@gmail.com	City mate and my code	
		sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
MARIO E TORRES		at ( 305	924-3970 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
Am Div P,O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Ci 2415 N	Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

TOP CHOISE INSURANCE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P22000000160 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: TOP CHOICE INSURANCE, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent \_\_\_ (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check 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:

 $P = President; V = Vice President; \hat{T} = Treasurer; S = Secretary; D = Director; TR = Trustec; C - Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.$ 

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
-		
		<del></del>
<del></del>		
1.0		u e e e
nrovi	ndment provides for an exchange, reclassification, or ca as for implementing the amendment if not contained in t	ncellation of issued shares. The amendment itself:
( <i>i</i> ,	ot applicable, indicate N/A)	anchamentaxii.
<del></del>		

٠. ٠

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
-		
ratective date <u>n applicable</u> .	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this blo document's effective date on the Dep		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors v	vithout shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes of cient for approval.	east for the amendment(s)
	oved by the shareholders through voting group: ach voting group entitled to vote separately on	
"The number of votes cast fo	or the amendment(s) was/were sufficient for ap	proval
by	(voting group)	··
	tvoting group)	
DatedOt-	07-2022	
Signature		
(By a dire selected.	ector, president of other officer – if directors or by an incorporator – if in the hands of a receiv I fiduciary by that fiduciary)	
N	AARIO E TORRES	
<del>-</del>	(Typed or printed name of person sig	ning)
P	RESIDENT	
_	(Title of person signing)	