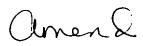
## P96000092502

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: TGI INSURANCE	AGENCY, INC.	
	1BER: P96000082502		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Melina Granados		
	_	Name of Contact Person	1
	TGI INSURANCE AGENCY	', INC.	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	4124 DAVIE RD	• •	
		Address	
	DAVIE, FL 33314		
		City/ State and Zip Code	e
	metina.granados@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Melina Granados		at (	321-9792
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	for the following amount made p	payable to the Florida Depa	ortment of State:
S35 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)
An Di P.C	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation



TGLINSURANCE AGENCY, INC.

			111 - N. C. El N. C.
( <u>N</u> ame	of Corporation as current	y filed with the Florid	a Dept. of State)
TGI INSURANCE AGENCY, INC.			
	(Document Number o	f Corporation (if knows	n)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpord	ation adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Containered," "professional association."	Corp," "Inc," or "Co". 7	1 professional corpora	rated" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
		,	
D. If amending the registered agent ar			he name of the
new registered agent and/or the ne	· <del></del>	<u>:</u>	
Name of New Registered Agent	Melina Granados		
	4124 DAVIE RD		
	(Florida str	ect address)	
New Registered Office Address:	DAVIE		Florida 33314
New negation of Confee Authors.		(City)	(Zip Code)
New Registered Agent's Signature, if c			e in min
I hereby accept the appointment as regist	erea agent 1 am jamutar s	with and accept the ovi	gations of the position.
- ^-			
MON			
	Signature of New R	egistered Agent, if chai	iging

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)

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Elvia Sorto	4124 DAVIE RD
Add X Remove			DAVIE, FL 33314
2) Change	P	Melina Granados	4124 DAVIE RD
X Add			DAVIE, FL 33314
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ridaen daan	g or adding additional A tional sheets, if necessar	v). (Be specific)			
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<u>fan amenc</u>	<u>iment provides for an e</u>	xchange, reclassifi	cation, or cancell	ation of issued sha	ires,
<u>provisions</u>	for implementing the a	mendment if not c	ontained in the a	mendment itself;	
(у пог	applicable, indicate N/A	ļ			
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		_			<u> </u>
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	09/27/2021
The date of each amendment(s) adop	tion:, if other than
date this document was signed.	
09/27/20	121
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirements, this date will not be listed as timent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement h 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	
<u> </u>	(voting group)
-1-	
Dated 9\_a	291 2021
-	
Signature	
	for, president or other officer – if directors or officers have not been
selected, by	y an incorporator – if in the hands of a receiver, trustee, or other court
appointed t	fiduciary by that fiduciary)
Me	lina Granados
	Time Officiações
	(Typed or printed name of person signing)
Pre	sident
	(Title of person signing)