## P9L000092502

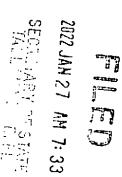
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O SIMMONS FEB 1 0 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TG/ Y	surance Agency Inc.
DOCUMENT NUMBER: V9V OW	082502
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this man	ter to the following:
Melina Gr	Name of Contact Person
	Firm/ Company
<u>4124 SW</u>	LOY AVE
Daily	Address 1 クラッサ
	City/ State and Zip Code
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	se eall:
Milya Gyanados Name of Contact Person	at ( 954 ) 471 05 0 9  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	•
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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
2022 JAH 27 AH 7: 33
SECRETARY SERVER

TGI Insurance Agency, Inc.

	The second secon
( <u>Name of Corporati</u>	on as currently filed with the Florida Dept. of State)
P96000082502	
(Docun	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
EGI Insurance Agency, Inc.	The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS )
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>	
Name of New Registered Agent	
<del></del>	
	(Florida street address)
New Registered Office Address:	, Florida, Florida, \(\mathcal{Zip Code}\)
	(Zip Code)
New Registered Agent's Signature, if changing Reg	ristered Agent:
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
VASA	<b>≥</b>
	ature of New Registered Agent, if changing
Signi	autre of ivew Registerea 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; 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 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>	<u>Address</u>
1) Change	<del></del>	_	 
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			 
Add	•		
Remove			
5) Change			 
Add			
Remove			
6) Change			 
Add			
Remove			

<del></del>	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
<del></del>	
	<del></del>

The date of each amendment(s) adoption: 121 2022	er than the
date this document was signed.  Effective date if applicable: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(no more than 90 days after amendment file date)	_
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	sted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 1/21/2022	
Signature W900	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Meina Granada	
(Typed or printed name of person signing)	
President	_
(Title of person signing)	