# L06000071586

| (R                                      | equestor's Name)    |             |  |  |
|---|---------------------|-------------|--|--|
| (A                                      | ddress)             |             |  |  |
| (A                                      | ddress) ·           |             |  |  |
| (C                                      | ity/State/Zip/Phone | <b>∌</b> #) |  |  |
| PICK-UP                                 | ☐ WAIT              | MAIL MAIL   |  |  |
| (Business Entity Name)                  |                     |             |  |  |
| (D                                      | ocument Number)     | 1           |  |  |
| Certified Copies                        | Certificates        | s of Status |  |  |
| Special Instructions to Filing Officer: |                     |             |  |  |
| •                                       |                     |             |  |  |

Office Use Only



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2000 SEP 29 PH 2: 56

cd. 9-30

### COVER LETTER

| TO: Registration Se<br>Division of Cor |  |  |  |
|--|--|--|--|
| SUBJECT: VESTO                         | R INSURANCE SER                            | VICES LLC  | 8  |
|  |  | d Liability Company)   |  |
|  |  |  |  |
| The enclosed Articles of               | Amendment and fee(s) are submi             | tted for filing.   |  |
| Please return all correspo             | ondence concerning this matter to          | the following:   |  |
|  |  |  |  |
|  | Janet Dunay                                | <del>-</del>   |  |
|  |  | (Name of Person)   |  |
|  | Vestor Insurance Services,                 | LLC  |  |
|  |  | (Firm/Company)   |  |
|  | 2000 Webber St, Suite 240                  | 9  |  |
|  |  | (Address)  |  |
|  | Sarasota FL 34239                          |  | •  |
|  | (0   | City/State and Zip Code)   | •  |
| For further information of             | oncerning this matter, please call         | :  | •  |
| Janet Dunay                            |  | at ( 941 ) 308-4312  |  |
| (Name                                  | of Person)                                 | (Area Code & Daytime T   | elephone Number)   |
| Enclosed is a check for t              | he following amount:                       |  |  |
| ☑ \$25.00 Filing Fee                   | \$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2000 SEP 29 PM 2: 56

Vestor Insurance Services, LLC

JECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited I                 | iability Company were filed o    | on                           | and assigned            |  |  |
|---|----------------------------------|------------------------------|-------------------------|--|--|
| Tiorida document number   | <del></del> •                    |                              |                         |  |  |
| This amendment is submitted to amend the fol                    | lowing:                          |                              |                         |  |  |
| A. If amending name, enter the new name of                      | of the limited liability compa   | ny here:                     |                         |  |  |
| The new name must be distinguishable and end w "L.L.C."         | ith the words "Limited Liability | Company," the designation "L | LC" or the abbreviation |  |  |
| Enter new principal offices address, if appli                   | cable:                           |                              |                         |  |  |
| (Principal office address MUST BE A STRE                        | ET ADDRESS)                      |                              |                         |  |  |
| •   |                                  |                              |                         |  |  |
|   |                                  |                              |                         |  |  |
| Enter new mailing address, if applicable:                       |                                  |                              |                         |  |  |
| (Mailing address MAY BE A POST OFFICE                           | <u>BOX)</u>                      |                              |                         |  |  |
|   | •                                |                              |                         |  |  |
| B. If amending the registered agent and                         | or registered office addres      | s on our records, enter t    | he name of the new      |  |  |
| registered agent and/or the new registered o                    | ffice address here:              |                              |                         |  |  |
|   |                                  |                              |                         |  |  |
| Name of New Registered Agent:                                   | Janet Dunay                      |                              | <del></del>             |  |  |
| New Registered Office Address:                                  | 2000 Webber St, Suite 24         |                              |                         |  |  |
|   | (Enter Florida street address)   |                              |                         |  |  |
|   | Sarasota                         | , Florida <u>342</u>         |                         |  |  |
|   | (City)                           |                              | (Zip Code)              |  |  |
| New Registered Agent's Signature, if changing Registered Agent: |                                  |                              |                         |  |  |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent Signature of New Registered Agent)

'age 1/of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                          | Address   | Type of Action  |
|--------------|--------------------------------------|---|-----------------|
| MGRM         | MELISSA MC NALLY                     | 2000 Webber St, Suite 2409<br>Sarasota FL 34239     | Add Remove      |
| MGRM         | CHRISTINA GONZALEZ                   | 2000 Webber St, Suite 2409<br>Sarasota FL 34239     | Add Remove      |
| MGRM_        | JANET DUNAY                          | 2000 Webber St. Suite 2409<br>Sarasota FL 34239     | Add Remove      |
| MGR          | Janet Dunay                          | 2000 Webber St. Suite 2409<br>SARASOTA FL 34329     | Add<br>₹ Remove |
| MGR          | SHIRLEY MC NALLY                     | 2000 Webber St. Suite 2409<br>Sarasota FL 34239     | Add<br>Remove   |
|              |                                      |   | Add Remove      |
| D. If amen   | ding any other information, enter cl | nange(s) here: (Attach additional sheets, if necess |                 |
| _<br>_       |                                      |   | Z000 SEP        |
| Dated        |                                      | Dem 9/2e/co   | 29 PH           |
|              | Janet Dunay                          | mber or authorized representative of a member       | 2: 56<br>LORID  |

Page 2 of 2

Filing Fee: \$25.00