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(City/State/Zip/Phone #)

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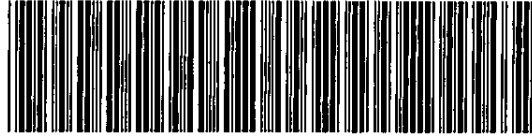
(Business Entity Name)

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Jakob Agency, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Jakob
(Name of Person)

The Jakob Agency, LLC
(Firm/Company)

7 SAILFISH DRIVE
(Address)

PONTE VEDRA BEACH, FL 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Jakob at (904) 652-4165
(Name of Person) (Area Code & Daytime Telephone Number)

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Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
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

The Jakob Agency, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 12/20/06 and assigned document number L06000121195.

SECOND: This amendment is submitted to amend the following:

NAME CHANGE TO: Alfa Risk Management, LLC

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TALLAHASSEE FLORIDA

Dated January 30, 2007.

[Signature]
Signature of a member or authorized representative of a member

Scott J. Jakob
Typed or printed name of signee

Filing Fee: \$25.00