

L10000058298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

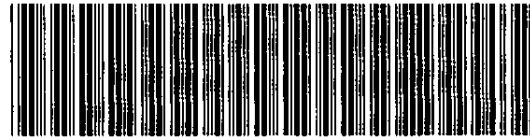
(Document Number)

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FEB 13 2010  
FEB 13 2010  
FEB 13 2010

10 JUL 23 AM 10:42

FILED

D. BRUCE

JUL 26 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2010

YOLANDA TORRES  
3750 NW 87 AVENUE, SUITE 250  
DORAL, FL 33178

SUBJECT: ALLSTATE INSURANCE AGENCY, LLC.  
Ref. Number: L10000058298

FILED  
10 JUL 23 AM 10:42  
TALLAHASSEE, FLORIDA

We have received your document for ALLSTATE INSURANCE AGENCY, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 410A00017082

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALLSTATE INSURANCE 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:

YOLANDA TORRES

Name of Person

ALLSTATE INSURANCE AGENCY, LLC.

Firm/Company

3750 NW 87 AVENUE SUITE 250

Address

DORAL FL 33178

City/State and Zip Code

YO LA JAVIER @ GMAIL . COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: -

YOLANDA TORRES

Name of Person

at ( 305 )

343-1783

Area Code & Daytime Telephone Number

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

FILED  
10 JUL 23 AM 10:42  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

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

**ALLSTATE INSURANCE AGENCY, LLC.**

(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 Liability Company were filed on 06/01/2010 and assigned  
Florida document number L10000058298

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FLORIDA PROPERTY AND CASUALTY INSURANCE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  
"L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

**New Registered Office Address:**

*Enter Florida street address*

Florida

*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**

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

| Title | Name | Address | Type of Action                                                  |
|-------|------|---------|-----------------------------------------------------------------|
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
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|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

FILED  
10 JUL 29 AM 10:42  
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FEB 23 2011

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

MANAGING MEMBER

Typed or printed name of signee.

YOLANDA R. TORRES