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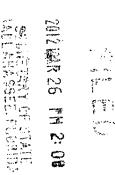
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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T. CLINE MAR 2 7 2012

EXAMINER

COVER LETTER

. Ovision of Co	rporations			
SUBJECT:	Florida So	outhern Insurance		
	· · · · · · · · · · · · · · · · · · ·	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
		Bradley Panos		
	Flo			
	9130			
		Address		
	Naples, FL 34109			
		City/State and Zip Code		
	Brad.Panos(FloridaSouthernInsurance.cor to be used for future annual report notification		
For further information	concerning this matter, please	•		
	radley Panos	at (===)	4704	
Name	of Person	Area Code & Daytime Tele	المراجعة الأراث التي الله المراجعة الأراث الله المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ا المراجعة المراجعة ال	
Enclosed is a check for	the following amount:		2: 08	
√ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

	lorida Southern Insurance			
(<u>Name of the Limite</u> (d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on	09/16/2010	and ass	igned
Florida document numberL1000009				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	LC" or the a	ibbreviation
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		:	产品 色	
(Mailing address MAY BE A POST OFFICE BOX)				***
			32 8	
				1 m 2 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on office address here:	our records, enter t	he name o	f the new
		,	2F 28	
Name of New Registered Agent:	Bradley C. Panos			
New Registered Office Address:	9130 Galleria Court Suite			<u> </u>
Address change over	Enter Florida street address			
Address curing	Naples City	, Florida	34109 Zip Code	
	Cuy		Zip Coae	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = 3 MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
	<u>-</u>		Add Remove
			Add Remove
D. If ame	nding any other information	, enter change(s) here: (Attach additional shee	17,91
-			
_			
Dated	March 16		
	Signatu	re of a member of authorized representative of a me	mber
		Bradley C. Panos Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00