

M0300001891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

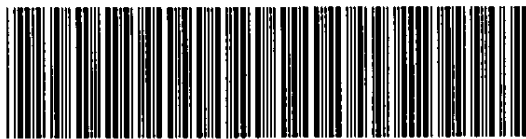
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
JAN 22 2010  
EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 21 AM 8:18



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 250883 167868A  
AUTHORIZATION :  
COST LIMIT : \$ 25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 21 AM 8:10

*Spuddean*

ORDER DATE : January 14, 2010  
ORDER TIME : 3:43 PM  
ORDER NO. : 250883-025  
CUSTOMER NO: 167868A

FOREIGN FILINGS

NAME: WS INSURANCE SERVICES, LLC

       CORPORATE  
       LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: WS Insurance Services, LLC
2. Jurisdiction of its organization: Virginia
3. Date authorized to do business in Florida: 6/11/2003

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

Wells Fargo Advisors Insurance Agency, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:  
\_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Beverly W. Jackson, AVP, Member

Typed or printed name of signee

**Filing Fee: \$25.00**

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

A certificate of organization was issued by the Commission to Wells Fargo Advisors Insurance Agency, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of June 01, 2003.

As of the date below, this certificate of organization is in effect and the company is current in the payment of all annual registration fees assessed against it by the Commission.

As of the date below, articles of cancellation have not been filed in this office by Wells Fargo Advisors Insurance Agency, LLC, a Virginia limited liability company.

The name of WS Insurance Services, LLC was changed to Wells Fargo Advisors Insurance Agency, LLC pursuant to a certificate of amendment issued by the Commission effective as of December 3, 2009.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
January 19, 2010*

*Joel H. Peck*  
\_\_\_\_\_  
Joel H. Peck, Clerk of the Commission