M0700000 1951

Citadel Tris. Services LLC				
Citadel TNS. Services LLC (Requestor's Name) Athri Ravid N. Johnson (Address)				
PUBNY 1671				
(Address) American touk Utah 84003 (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

600208930326

07/06/11--01001--002 **25.00

2011 JUL -1 AM 8: 00

J. SAULSBERRY

JUL 5 2011

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: Citadel Insurance Services, LLC
2.	Jurisdiction of its organization: 114ah
3.	Date authorized to do business in Florida: 413 2007
	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.")
Fl the	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L."
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 Typed or printed name of signee

Filing Fee: \$25.00

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify t	that we are the Managers and/or Mai	naging
Members of Citadel Insurance Services, LLC (Name of Limited Liability Company)		Ži.
(Name of Li	imited Liability Company)	F S
a limited liability company duly organiz	red and existing under the laws of	表記
Utah		E A
(State or Country of Organization)	·	
Because the name of this foreign limited	d liability company does not satisfy t	OR BEA
requirements of the s. 608.406, F.S., the	limited liability company hereby ad	opts the
following name to transact business in the	he state of Florida:	
Citadel Insurance, LLC		
(Name to be used by limited liability company in Flo Company, L.L.C., or LLC.)	rida. NOTE: Name must end with Limited Liab	ility
Date: June 3, 2011		
Signature(s) of Manager(s) and/or Mana	aging Member(s):	
4	Anthony Eardley, Ma	mager
A who	- David Johnson, Ma	unce ev
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	
	,	
	-	
	·	