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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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SECRETARY OF STATE

J. BRYAN

JAN 1 1 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	T:MBTInsu Name of Limi	rance Services	LLC
	Name of Limi	ted Liability Company	
The encl	osed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspondence concerning this matter	to the following:	
		Name of Person	
	PT-6-	TA LLC Firm/Company	THE RESERVE TO THE PARTY OF THE
	2975	Bee Ridge Rd	St. A St. A St.
	<u>Savasota</u>	F7. 3423°, City/State and Zip Code	9
	Giadina Ka E-mail address: (to be used for future annual report notificat	Com
/	ner information concerning this matter, please c		
<u>K</u>	athran Giwdina Name of Person	at (678) 492 - 2 Area Code & Daytime T	170
Enclose	Lis a check for the following amount:		
\$25.0	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:	STREET/COURIER	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	bility Company as it now appears o	n our records.)
(A Flo	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	_	2-20/0 and assigned
Florida document number	<u>799</u> .	Program (
This amendment is submitted to amend the following	ng:	2-20/0 ampassigned
A. If amending name, enter the new name of the	e limited liability company here:	
PFG TA LL The new name must be distinguishable and end with the	<u></u>	Carry of
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
Intuiting dualess may be a rost office bo	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Negisiered 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 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 **Type of Action Address** <u>Title</u> Name ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Tathung Madina
Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00