

Jan. 30. 2009 8:53PM

No. 4522 rap 1011

L02000004842

Florida Department of State
Division of Corporations
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(((H09000022473 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MOYLE, FLANIGAN, KATZ, RAYMOND, WHITE & KRASNER, P.A.
Account Number : 120060000039
Phone : (561) 659-7500
Fax Number : (561) 659-1789

09 JAN 30 AM 8:44 P.A.
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ILLUSTRATED INSURANCE SERVICES, LLC

Certificate of Status	0
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Jan. 30. 2009 4:54PM

No. 4522 P. 4

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
09 JAN 30 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Illustrated Insurance Services, 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 February 28, 2002 and assigned
Florida document number L02000004842.

This amendment is submitted to amend the following:

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

Illustrated Properties 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:

Paul A. Krasker

New Registered Office Address:

625 N. Flagler Drive, 8th Floor

(Enter Florida street address)

West Palm Beach

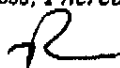
(City)

Florida 33401

(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)

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If on Jan. 30, 2009 at 4:54 PM Managing Members on our records, enter the title, name, and No. 4522 of e. 5 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated January 30, 2009



Signature of a member or authorized representative of a member
Paul A. Krasker

Typed or printed name of signee