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(Address)	10011021
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(Business Entity Name)	
(Document Number)	
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**EXAMINER** 

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## **COVER LETTER**

Division of Cor			
SUBJECT: Lehmai	n Enterprises, LLC		0
SUBJECT	(Name of Lim	ited Liability Company)	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	John D. Lehman, Jr.		
		(Name of Person)	
		(Firm/Company)	
	1409 91st Ct. NW		
		(Address)	
	Bradenton, FL 34209	(City/State and Zip Code)	
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
John D. Lehman, Jr.		at ( 941 ) 920-5378	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	□\$30.00 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)
MAIL	ING ADDRESS:	STREET/COURIER	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

Lehman Enterprises, 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 03/11/2003 and assigned Florida document number <u>L.03000008675</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lehman 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: New Registered Office Address: (Enter Florida street address 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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	<del></del>
			O9 MAR SECRE IA TALLAHA
Dated	March 6, , 2009 Signature of a member	er or authorized representative of a member	FILED  R-9 AM 8: 03  ANRY OF SINIE ANSSEE FLORIDA
	John D. Lehman, Jr.	d or printed name of signee	A A

Page 2 of 2

Filing Fee: \$25.00