

L03000012755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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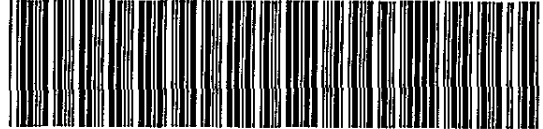
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DIVISION OF CORPORATIONS  
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**NATIONAL INSURANCE VERIFICATION, LLC**  
**1200 Weston Road, Suite 300**  
**Weston, FL 33326**  
**Tel (954) 389-6223**  
**Fax (954) 389-0452**

June 5, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: National Insurance Verification, LLC  
Documents No. L03000012755  
Articles of Amendment to Articles of Organization

Dear Sir/Madam:

Enclosed herewith please find the following:

1. Articles of Amendment to Articles of Organization for National Insurance Verification, LLC and
2. Check, made payable to the Florida department of State, in the amount of \$25.00 to cover the filing fee for the Articles of Amendment.

Please forward the letter of acknowledgment to the above address. If you have any questions, I can be contacted at the above address and telephone numbers.

Very truly yours,

NATIONAL INSURANCE VERIFICATION, LLC

By:

  
Michael D. Newton  
Ex-Managing Member

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 13, 2003

MICHAEL D. NEWTON  
NATIONAL INSURANCE VERIFICATION, LLC  
1200 WESTON ROAD, SUITE 300  
WESTON, FL 33326

SUBJECT: NATIONAL INSURANCE VERIFICATION, LLC  
Ref. Number: L03000012755

We have received your document for NATIONAL INSURANCE VERIFICATION, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

Because the new agent must sign specific language accepting the designation, you must complete and return the enclosed blank form with a copy of this letter. There is no additional payment due; the \$25 you already sent will pay for this amendment including the registered agent change.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 203A00036871

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: National Insurance Verification, LLC  
2. The mailing address of the limited liability company is : 1200 Weston Road, Ste 300  
Weston, FL 33326

April 9, 2003  
3. Date of filing/registration in Florida  
L03000012755  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael D. Newton  
Name  
1200 Weston Road, Suite 300  
Address  
Weston, FL 33326  
City, State and Zip

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6. The name and address of the new registered agent and/or office:

Larry Lane  
Name  
~~262 Merritt Island Causeway, Suite 19~~  
Florida street address (P.O. Box NOT acceptable)  
Merritt Island FL 32952  
City, State and Zip

La P  
131 S. Courtenay Parkway

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michael D. Newton  
(Signature of a member or authorized representative of a member)

Michael D. Newton  
(Printed or typed name of signer)

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.

[Signature]  
(Signature of Registered Agent)

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NATIONAL INSURANCE VERIFICATION, LLC  
(Present Name)  
(A Florida Limited Liability Company)

FIRST: The date of filing of the Articles of Organization was April 9, 2003.

SECOND: The following amendment(s) to the Articles of Organization were adopted by the limited liability company:

A. The following person is deleted as a Manager/Member, and Registered Agent:

Michael D. Newton  
1200 Weston Road, Suite 300  
Weston, FL 33326

B. The following person is added as a Registered Agent:

~~Patrick D. Clawson  
1200 Weston Road, Suite 300  
Weston, FL 33326~~

*see  
attached RA  
change*

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THRID: This amendment is effective upon filing with the Florida Department of State.

Dated: June 5, 2003

*Michael D. Newton*

Signature of resigning member or authorized representative of a Member

Michael D. Newton

Typed or printed name of signee

Filing Fee: \$25.00