

L03000020032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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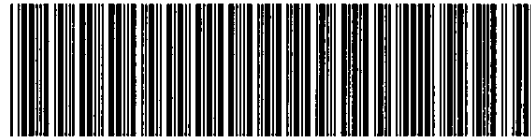
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FEB 19 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: National Insurance Brokerage, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Teller

Name of Person

National Insurance Brokerage, LLC

Firm/Company

2101 Park Center Dr., Ste 210

Address

Orlando, FL 32835

City/State and Zip Code

karen@advancedsettlements.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Teller

Name of Person

407 296-7373 x1156

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

National Insurance Brokerage, 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 6/3/2003 and assigned
Florida document number L03000020032.

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This amendment is submitted to amend the following:

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

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)

2101 Park Center Drive
Suite 220
Orlando, FL

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

_____, **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 Changing Registered Agent, Signature of New Registered Agent

If attending 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

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DIVISION OF CORPORATIONS

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Todd S. McNealy	2101 Park Center Dr.	<input checked="" type="checkbox"/> Add
		Suite 220	<input type="checkbox"/> Remove
		Orlando, FL 32835	
MGR	Kevin S. Kirby	2101 Park Center Dr.	<input checked="" type="checkbox"/> Add
		Suite 220	<input type="checkbox"/> Remove
		Orlando, FL 32835	
MGR	Matthew A. Ganovsky	2101 Park Center Dr.	<input checked="" type="checkbox"/> Add
		Suite 220	<input type="checkbox"/> Remove
		Orlando, FL 32835	
MGR	Douglas W. Hammond	340 Madison Avenue	<input type="checkbox"/> Add
		20th Floor	<input checked="" type="checkbox"/> Remove
		New York, NY 10173	
MGR	Malika S. Hinkson	340 Madison Avenue	<input type="checkbox"/> Add
		20th Floor	<input checked="" type="checkbox"/> Remove
		New York, NY 10173	
MGR	Brett Schneider	340 Madison Avenue	<input type="checkbox"/> Add
		20th Floor	<input checked="" type="checkbox"/> Remove
		New York, NY 10173	

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

Dated 2/6/2013

Todd S. McNealy
Signature of a member or authorized representative of a member
Todd S. McNealy, MGR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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