## L03000037519

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TALLANDASSEE, FI

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor					
	IST PREFERRED INSURANCE, L.L.C.				
SUBJECT:	ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	William Schall				
		Name of Person			
IST PREFERRED INSURANCE, L.L.C.				20	
		Firm/Company		24 J	
	2748 E. COMMERCIAL I	BLVD.		1 1 1 2024 JAH 12	
		Address		12 AH II	
	FORT LAUDERDALE, FL 33308				
		City/State and Zip Code		94:11#8	
	billyschall@me.com  F-mail address: t	to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	·	•••••		
William Schall		954 557-3716			
Nume o	of Person	at () Area Code Daytime	Telephone 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)	Certified Copy	rtificate of Status &	
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction		
Division of Corporations		Division of Cor	porations		
P.O. Box 6327		The Centre of T			
Tallahassee, FL 32314		∠4+10 IN. IMORFOR	Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST PREFERRED	HNSURAN	CE. L.	L.C.
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(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 October 1, 2003 and assigned Florida document number <u>1.03000037519</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GATOR FAMILY INSURANCE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9151 CATTAIL RUN Enter new mailing address, if applicable: PARKLAND, FL 33076 (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 City 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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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		SECRETARY OF TALL AT YESEE.	Remove  JANUTChange  Add Care  Greenove
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Typed or printed name of signee