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To:

Division of Corporations

Fax Mumber

: (850)617-6383

From:

Account Name : RICHARDS, GILKEY, FITE, SLAUGHTER, PRATES

Account Number : 075350000244 Phone : (727)443-3281 Fax Number : (727)446-3741

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Frail Address. C. Ward @ richardsoilly. ... con

NE.CEIVED 10 JUL - I PM 4:33 SECRETARY DF. STATE ALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SLAUGHTER ENTERPRISES, LLC

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C. LEWIS

JUL 2 2010

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Corporate Filing Menu

EXAMINER

727-447-8830

T-668 P.02/03 F-710

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

2010 JUL -1 AM 13 52

SECRETARY OF STATE

			IA	LLANA		
SLAUGHTER ENTERS	RISES,	LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
(A riolida Ellinica Clabinty Company)						
The Articles of Organization for this Limited Liability Florida document number	Company we	re filed on	8/27/04		and assigned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lie	nited liabilit	company her	<u>e</u> :			
Insurance Media Services,	LLC					
The new name must be distinguishable and end with the w "L.L.C."		Liability Compa	ny," the designat	ion "LLC"	or the abbreviation	
Enter new principal offices address, if applicable:	_	635 Cou	rt Street	, Ste	201	
(Principal office address MUST BE A STREET ADD	<u>(RESS)</u>	Clearwa	t <u>er, FL</u>	33756		
Enter new mailing address, if applicable:	-	635 Cou	rt Street	. Ste	201	
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 33756					
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	dress here: R. Carl	ton Ward		iter the n	ume of the new	
New Registered Office Address:	1253 Pa	rk Street				
Enter Florida street address						
	Clearwat		, Florid			
		ity		Zı	ip Code	
New Registered Agent's Signature, if changing Register	ed 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 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 = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action				
Mgr	David B. Slau	ghtêr: 501 Island Way Clearwater, FI	33767				
-Mgrn	Bennetta Slau	ghter 830 Island Way Clearwater, Fl	Add 33767				
			Add Remove				
<u></u>			Add Remove				
-			Add Remove				
D. If a	mending any other information,	enter change(s) here: (Attach additional sh	eels, if necessary.)				
			2010 JUL - J				
Dated _			EE, FLORE				
	Signature	e of a member of Authorized representative of a n ROAR 2700 WA 0260	nember 5m 10				
	Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00