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(Requestor's Name)
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M. THOMAS

SEP 3 2009

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Consumer Se	elect Insurance, LLC		
	Name of Limi	ted Liability Company		
	f Amendment and fee(s) are sul	<u>-</u>		
		John T. LaJoie		
		Name of Person		
First A		rican Title Insurance Compa	any	
		Firm/Company		
27		50 Chancellorsville Drive		2005 TAI
		Address		LAS T
· 		allahassee, FL 32312		2009 SEP -2 PH 12: 14 SECRETARY OF STATE TALLAHASSEE, FLORID
	·	City/State and Zip Code		PH 12: 11 YOF STATE
	E-mail address: (	jlajoie@firstam.com to be used for future annual report notifi	cation)	2: 1 FA
For further information	concerning this matter, please of	eall:		De F
	ohn T. LaJoie	at (	402-4101	
Name	of Person	Area Code & Daytim	e 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	) Certified	te of Status &
MAILING ADDRESS:		STREET/COURI	ER 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

Consum	er Select Insurance, L	.LC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear rida Limited Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liabil	ity Company were filed on	09/02/04	and assigned	
Florida document number L040006567	<u>5                                    </u>			
This amendment is submitted to amend the following	ag:			
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	nny," the designation "	BC or is abbreviation	
Enter new principal offices address, if applicable	<u></u>		野马	
(Principal office address MUST BE A STREET A.	DDRESS)		SSEE,	
Enter new mailing address, if applicable:			FFLORIE	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	_	our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street add	dress	
	. 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 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 = 1	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Lewis O'Steen	199 AVENUE B NW, STE, 300 WINTER HAVEN, FL 33881	Add Remove
MGR_	Frank Camperlengo	311 FELSPAR WAY CARY, NC 27518	✓ Add ☐ Remove
			Add Remove
· .	<del>,</del>		A ROMANIE TO THE PROPERTY OF T
			TAPAdd P. STAT
			PAdd PRemove
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necessar	y.)
<del>-</del> -		•	
_	A 107		
Dated	August 27	, <u>2009</u> .	A
	Signature of	amember or authorized representative of a member  John T. LaJoie  Typed or printed name of signee	member

Page 2 of 2

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