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SECRETARY OF STATE
TALLAHASSEE, FI ORIGIN

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Albn Hon Insurance Services, UC 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:							
Doleyna Dixon Name of Person Albritan Insurance Services, LLC Firm/Company Pi Box 1733 Address Wauchula Fl. 33873 City/State and Zip Code Light Doleyna Dalbritan Companies Com Einal address: (to be used for future annual report notification)							
Elma address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Joleyna Dixm at (863) 773-6280 Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (cadditional copy is enclosed) \$25.00 Filing Fee & Certified Copy (cadditional 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

	isurance Services, LL	<u></u>		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our reco a Limited Liability Company)	rds.)		
The Articles of Organization for this Limited Liability C	Company were filed on 3 30 200	5 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "L	LLC" or the abhreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
		5 JAN 2		
Enter new mailing address, if applicable:	, 	SS TO FEE		
(Mailing address MAY BE A POST OFFICE BOX)		E.G. PH IV		
		RATE OF		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the nev		
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** Compliance officer Monica Stagg 206 N. 10th Ave RAdd Wauchula, Fl. 33873 ☐ Remove □ Add ☐ Remove _□ Add _□ Remove □ Add ☐ Remove □ Add ☐ Remove

Page 2 of 3	

☐ Add

☐ Remove

D. If amen	ding any other_informatio	n, enter change(s) here: (Attach c	additional sheets, if necess	eary.)
. 1	Please change 4	he following titles:		
				1 G. (a. ha
1	useph R. Albrith	n curently CED, N	lanaging Member	Change to: Officer;" managing member
<u></u>	Derren Bryan	currently General Mgr	" Change to:	operating officer
(The effect	e date, if other than the dative date must be specific, cannot be his document is filed by the Floric	e prior to date of receipt or filed date and c	(options cannot be more than 90 days after	al) ex
Dated _	January 16	<u>2015</u> .		
	Si	nature of a member or authorized represe		
		ryped or printed hathe or sig	şiice .	
				SECRETAR TALLAHASS
				7 PH L: 50
		D 2 62	3	A

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Filing Fee: \$25.00