## L05000050302

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|---|--|--|--|--|
| (Requestor's Name)                      |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
| ,                                       |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| (Oity/State/Zip/Filone #)               |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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DIVISION OF CORPORATIONS

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## **COVER LETTER**

| Registration S  Division of Co |  |   |  |
|--------------------------------|--|---|--|
| SUBJECT: The Po                | oinciana Insurance                         | Agency LLC  |  |
|                                |  | nited Liability Company)  |  |
|                                |  |   |  |
| The enclosed Articles of       | f Amendment and fee(s) are su              | bmitted for filing.   |  |
| Please return all corresp      | ondence concerning this matte              | er to the following:  |  |
|                                | •  |   |  |
|                                | Richard J Gionfrid                         | ldo   |  |
|                                |  | (Name of Person)  |  |
|                                | The Poinciana Ins                          | surance Agency LLC  |  |
|                                |  | (Firm/Company)  | •  |
|                                | 3255 S John Your                           | ng Parkway  |  |
|                                |  | (Address)   |  |
|                                | Kissimmee FL 34                            | 746   |  |
|                                |  | (City/State and Zip Code)   | · · · · · · · · · · · · · · · · · · ·  |
|                                |  |   |  |
| For further information        | concerning this matter, please             | call:   |  |
| Richard J Gior                 | nfriddo                                    | at ( 407 ) 870-0065   |  |
| (Name                          | of Person)                                 | (Area Code & Daytim   | ne 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

|          | Poinciana Insurance Agency LLC  | <u> </u>                                 |
|----------|---|--|
|          | (Present Name) (A Florida Limited Liability Company)                                |  |
|          |   |  |
|          |   |  |
| FIRST:   | The Articles of Organization were filed on document number L0500050302 and assigned |  |
| SECOND:  | This amendment is submitted to amend the following:                                 |  |
|          | Remove Martha Rodriguez, a member Title MGR   |  |
|          |   |  |
|          |   |  |
|          |   | <del></del>                              |
|          |   |  |
|          |   |  |
|          |   | SECRETARY<br>DIVISION OF CO<br>07 OCT 22 |
|          |   | — CT 2 SR                                |
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|          |   | PH 1: 09                                 |
|          | · ·   | RATION                                   |
|          |   |  |
| Dated 10 | /20/2007  |  |
|          |   |  |
|          | Signature of a member or authorized representative of a member                      | <del>_</del>                             |
|          | Kichard J. Gionfr. dds  |  |
|          | Typed or printed name of signee   |  |

Filing Fee: \$25.00