

L050VV067114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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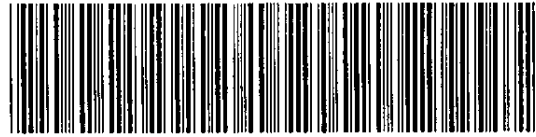
(Business Entity Name)

(Document Number)

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10 SEP 24 AM 10:51

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 SEP 24 PM 2:45

B. KOHR

SEP 24 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 519849 4727070  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 24 PM 2:45

ORDER DATE : September 23, 2010  
ORDER TIME : 8:22 AM  
ORDER NO. : 519849-005  
CUSTOMER NO: 4727070

DOMESTIC AMENDMENT FILING

NAME: CONSUMER SELECT INSURANCE OF  
AMERICA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 24 PM 2:45

Consumer Select Insurance of America, LLC  
(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 July 8, 2005 and assigned  
Florida document number L05000067114

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

199 Avenue B NW, Suite 300

(Principal office address MUST BE A STREET ADDRESS)

Winter Haven, FL 33881

Enter new mailing address, if applicable:

199 Avenue B NW, Suite 300

(Mailing address MAY BE A POST OFFICE BOX)

Winter Haven, FL 33881

**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

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

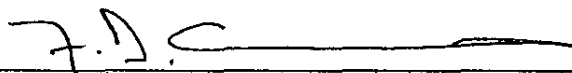
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Timothy V. Kemp</u>	<u>1 First American Way</u> <u>Santa Ana, CA 92707</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>John T. LaJoie</u>	<u>2750 Chancellorsville Dr.</u> <u>Tallahassee, FL 32312</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Frank D. Camperlengo</u>	<u>199 Avenue B NW, Suite 300</u> <u>Winter Haven, FL 33881</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Lewis O'Steen</u>	<u>199 Avenue B NW, Suite 300</u> <u>Winter Haven, FL 33881</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 22, 2010.



Signature of a member or authorized representative of a member

Frank D. Camperlengo, Manager of Consumer Select Insurance, LLC, Sole

Typed or printed name of signee

Member of Consumer Select Insurance  
of America, LLC