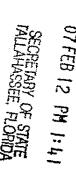
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COVER LETTER

Division of Corporations		
SUBJECT: Millenia Insurance Agency		
(Name of Limited Liability Company)		٠
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Michael McIntyre		. # .
(Name of Person)		
Signature Insurance Agency, LLC		
(Firm/Company)		
4700 Millenia Boulevard, Suite 310	·	و الم
(Address)		
Orlando, FL 32839	75 O7	
(City/State and Zip Code)	超级	
For further information concerning this matter, please call:	IARY OF STATE	프
To facility mornation concerning and matter, present case.	P	8
Michael McIntyre at 407 245-7888 (Name of Person) (Area Code & Daytime Telephone N		_
(Name of Person) (Area Code & Daytime Telephone N	turbes)	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certificate	Filing Fee, e of Status & Copy al copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

<u>N</u>	lillenia Insurance	Agency	=- ·	~~	. 44	; <u> </u>	**	- 75. ∴
		(Pres (A Florida Limit	ent Name) ed Liability	Company)			_	
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FIRST:	The Articles of Organizat document number <u>L050</u>	tion were filed on N 00110839	lovembe	er 9, 200	5 and assig	gned	, 5	-
SECOND:	This amendment is submi	tted to amend the fol	llowing:					
	Change of Corpo	rate Name to:	Signatu	ıre İnsu	rance Age	ncv. LLC		
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Dated_Fe	bruary 3			-	e ·	ė.	<u></u>	
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	MB. M							
	Signatur	e of a member or auth	orized repre	sentative of	a member	-		
	Clifford B. She	pard						
		Typed or print	ed name of	signee			· · · · · ·	·

Filing Fee: \$25.00