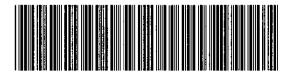
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- (Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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T. HAMPTON
JUN - 9 2009
EXAMINER

## **COVER LETTER**

	egistration Section ivision of Corpor			·	
SUBJECT		ZOI	DIAC, LLC		
COMPLET			ted Liability Company		
		endment and fee(s) are sub			
r lease retu	in an corresponde	nice concerning this matter	to the following.		
	_		Ben Rogatinsky		
			Name of Person		
Rogatinsky & Associates, LLC					
	•		Firm/Company		<del></del>
	2750 N. 29th Avenue, Ste 313				
	-		Address		
	_	Hollywood, FL 33020			
			City/State and Zip Code		
	-	E-mail address: (	b@rogatinsky.com to be used for future annual repo	ort notification)	
For further	information conc	erning this matter, please o	all:	•	
	Ben R	ogatinsky	at (_954_)	925-16	30
	Name of Pe	rson		Daytime Telephon	e Number
Enclosed is	s a check for the fo	ollowing amount:			
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING	G ADDRESS:	STREET/O	OURIER ADD	RESS:

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

(Name of the Limited Li (A F)	Zodiac, LLC  ability Company as it now appea  orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number		04/25/2006	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :	
ZODIAC	INSURANCE AGENCY, L	LC	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	any," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicab	le:		en sex
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		RY OF STATE ORS
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		our records, <u>enter th</u>	e name of the new
	,		
New Registered Office Address:	Ei	nter Florida street addre	ess
		, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			□ Damoua
			Add Remove
	<u></u>		Add Remove
			Add Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets	
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	June 1	. 2009	RY OF STATE CORPORATIONS  8 PH 12: 13
		The fast	
	Signatur	Michele Rogatinsky  Typed or printed name of signee	ber

Page 2 of 2

Filing Fee: \$25.00