

LD6000105460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

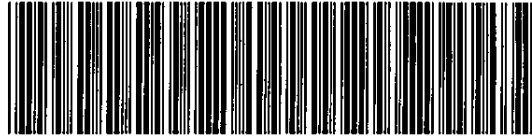
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fuller Insurance LLC
(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:

Garrett N Fuller
(Name of Person)

Fuller Insurance LLC
(Firm/Company)

P O Box 1583
(Address)

Santa Rosa Beach, FL 32459
(City/State and Zip Code)

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For further information concerning this matter, please call:

Garrett N Fuller at (850) 865-6354
(Name of Person) (Area Code & Daytime 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**

Fuller Insurance LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10/30/06 and assigned document number L06000105460.

SECOND: This amendment is submitted to amend the following:

Change Principal Address to: 4821 US Highway 98 W Suite 103
Santa Rosa Beach, FL 32459

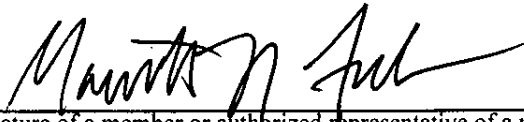
Change Mailing Address to: P O Box 1583
Santa Rosa Beach, FL 32459

Change FEI Number to: 20-5795234

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Dated February 3, 2007.



Signature of a member or authorized representative of a member

GARRETT N FULLER

Typed or printed name of signee

Filing Fee: \$25.00