

# LOG 000 118784

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

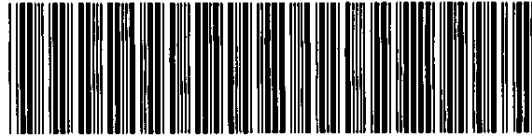
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF EDP  
CORPORATION  
2013 AUG 27 PM 4:28  
TO ACHIEVE  
SUFFICIENCY OF FILING

FILED  
2013 AUG 27 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 28 2013  
T CLINE

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** RICKY SOTO

**DATE:** 08/27/2013

**REF. #:** 8875001

**CORP. NAME:** WILLIAMS INSURANCE SERVICES, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK# 70006500 FOR \$ 25.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
WILLIAMS INSURANCE SERVICES, LLC**

1. The Articles of Organization for this Limited Liability Company were filed on December 13, 2006 and assigned Florida document number L06000118784.

2. Article V of the Articles of Organization is amended in its entirety as follows:

**ARTICLE V  
MANAGEMENT**

The Company is to be a member-managed limited liability company.

3. The name and address of the Managing Member is as follows:

Alterna, LLC  
1301 Second Avenue, Suite 2700  
Seattle, Washington 98111

4. The name, title and address of the Manager to be removed from the records of the Florida Department of State is as follows: Tobey E. Williams, Manager, 45 S. W. Seminole Street, Stuart, Florida 34994.

5. This document is hereby executed under penalties of perjury and is, to the best of my knowledge, true and correct.

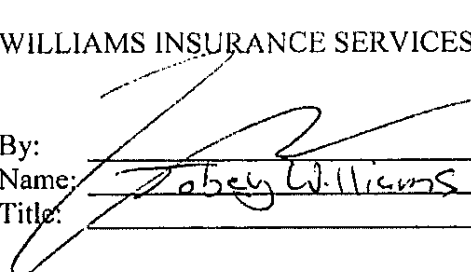
DATED July 23, 2013.

WILLIAMS INSURANCE SERVICES, LLC

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

  
Tobey Williams  
Secretary of State  
TALLAHASSEE, FLORIDA

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