601000032-175

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| : , Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | • | ٠ |
| | | |

Office Use Only



300104314993

06/19/07--01062--004 **30.00

1007 JUN 19 ARIU: 53 SECRETARY OF STATE NIL AHASSEE, FLORIOA

2007 JUN 19 AM 10: 5:

3715 W

COVER LETTER

| Division of Corporations | |
|---|----------|
| SUBJECT: LOIN INSURANCE GROUP 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: | |
| | |
| DINO BALANI | |
| (Name of Person) | |
| WIN INSURANCE GROUP LLC | |
| (Firm/Company) | |
| 1610 FIDDLEWOOD CT. | |
| (Address) | |
| 2000 | |
| (City/State and Zip Code) | |
| | |
| For further information concerning this matter, please call: | |
| | 20 |
| (Name of Person) at (40) 40 1-06 /3 [Fig. 17] | |
| (Name of Person) (Area Code & Daytime Telephone Number) | d. 25.77 |
| A A A A A A A A A A A A A A A A A A A | |
| Enclosed is a check for the following amount: | R M |
| \$25.00 Filing Fee \$\sqrt{\sq}}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqn | |
| (additional copy is enclosed) Certified Copy | ည် |
| (additional copy is e | neiosea) |

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

í

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

| | WIN INSURANCE GROUP LLC. | |
|---------|---|--|
| | (Present Name) (A Florida Limited Liability Company) | |
| | | |
| | | |
| FIRST: | The Articles of Organization were filed on 3 27 3 and assigned document number L6700032775 and assigned | |
| SECOND: | This amendment is submitted to amend the following: | |
| | WE WOULD LIKE TO REMOVE KISHORE | |
| Þ | BALONI FROM THE COMPANY AND REPLACE | |
| | HIM WITH JAYA BALANI MGRM. ADDRESS | |
| | 1610 FIDDLEWOOD CT. CASSELBERRY, FL 3007. | |
| | 1810 4 1130 EC 0000 CT. (MSSCEROC), FC 32 (GT. | |
| | () ((((((((((((((((((| |
| | WE WOULD LIKE THIS TO BE EFFECTIVE | |
| | IMMEDIATELY. | |
| | | |
| | | |
| | | |
| Dated | JUNE 6. , 2007. | |
| | ASSIN 19 | |
| | [H]— | |
| | Signature of a member or authorized representative of a member | |
| | | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00