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COVER LETTER

MAILING ADDRESS:	STREET/COURIER ADDRESS:
Enclosed is a check for the following amount: \$\sigma \square \square \square \square \square \square \text{S30.00 Filing Fee & Certificate of Status}\$	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
(Name of Person)	at (904) 481 - 3881 (Area Code & Daytime Telephone Number)
For further information concerning this matter, please of	
(City/	State and Zip Code) ASSET SET TO SE
Jackson	THE FL 32220 ASS
11872 Dov.	SECRETARE OF STATE OF
Fulton Fami	(Firm/Company)
- Aaron	Name of Person)
Please return all correspondence concerning this matter	
•	-
The enclosed Articles of Amendment and fee(s) are sub-	hmitted for filing
J (Name of Lie	imited Liability Companý)
SUBJECT: Desi quel	INSUTANCE, LLL imited Liability Company)
Division of Corporations	

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

	Designer Insurance, LLC	· · · · · · · · · · · · · · · · · · ·			
	(A Florida Limited Liability Company)				
		•			
FIRST:	The Articles of Organization were filed on 5/9/07 and assign document number <u>LD 7000 49366</u>	ed			
SECOND:	This amendment is submitted to amend the following:				
	Name: Designer Insurance, LLC s	hould			
	Name: Designer Insurance, LLC s be changed to Fulton Family I	NSUTANCE, LLC			
	FEI Number: 20-8993898.				
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		97 SEC			
	The state of the s	AS ANALYSIA			
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		158			
Dated	June 20, 2007.	PATE OR DESCRIPTION			
	A.R. Talk				
	Signature of a member or authorized representative of a member				
	Aaron Fulton				
	Typed or printed name of signee				

Filing Fee: \$25.00