

L07000008809L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

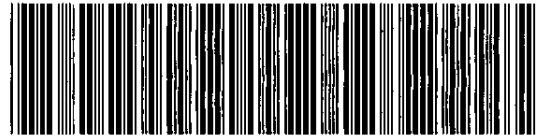
Special Instructions to Filing Officer:

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G. MCLEOD

APR - 7 2009

EXAMINER



300147527343

03/27/09--01015--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
09 APR - 6 PM 3:40

March 20, 2009

Florida Department of State Division of Operations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment to Articles of Organization

Dear Division of Corporations:

Please find the above referenced document.

Should you have any questions or concerns, please contact me at 954-617-2600.

Thank you,

A handwritten signature in black ink, appearing to read "Amanda White", with a stylized, cursive script.

Amanda White

My Insurance Guy, LLC d/b/a Brightway Insurance
2201 West Prospect Road, Suite 200
Fort Lauderdale, FL 33309

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: My Insurance Guy, 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:

Amanda B. White

(Name of Person)

My Insurance Guy, LLC d/b/a Brightway Insurance

(Firm/Company)

2201 West Prospect Road, Suite 200

(Address)

Fort Lauderdale, Florida 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda B. White

(Name of Person)

at (954) 617-2600

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
09 APR -6 PM 3:40

My Insurance Guy, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/28/2007 and assigned
Florida document number 107000088096.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

My Insurance Guy, LLC

2201 West Prospect Road, Suite 200

Fort Lauderdale, Florida 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

My Insurance Guy, LLC

2201 West Prospect Road, Suite 200

Fort Lauderdale, Florida 33309

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AMANDA B WHITE

New Registered Office Address:

2201 West Prospect Road, Suite 200

(Enter Florida street address)

Fort Lauderdale

(City)

Florida 33309

(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.

Amanda B White
(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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter A. Poggi	4300 North University Drive Suite A-107 Sunrise, Florida 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	Peter A. Poggi	4300 North University Drive Suite A-107 Sunrise, Florida 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Amanda B. White	My Insurance Guy, LLC 2201 West Prospect Road, Suite 200 Fort Lauderdale, Florida 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kristal Poggi	My Insurance Guy, LLC 2201 West Prospect Road, Suite 200 Fort Lauderdale, Florida 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jacqueline A. Wieland	My Insurance Guy, LLC 2201 West Prospect Road, Suite 200 Fort Lauderdale, Florida 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	NONE		<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 19th, 2009



Signature of a member or authorized representative of a member

Amanda B. White, Managing Member

Typed or printed name of signee