## 415000101

(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:				

G. MCLEOD

MAY 24 2010

**EXAMINER** 



800181178308

**800181178308** 05/21/10--01031--020 \*\*25.00

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SECRETARY OF SAME.

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT:	Wise Insurance Agency L.L.C					
SOBJECT:	Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are submitted for filing.					
Please return all correspondent	ondence concerning this matter to the following:					
	Jamie leigh BlaiA					
	Wise Insurance Agency UC					
	1410 EAST Georgia Street.					
	Bartau FL 33830 City/State and Zip Code					
	JAMIRWI SEØ 1 330 GMail Com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please call:					
JAMIC	Blair at (803) 534 343    of Person Area Code & Daytime Telephone Number					
Enclosed is a check for t	the following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	)				
	•					

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

In taken you depart to

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

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number	vere filed on 10 22 1000 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Sec.
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PH 12: 47
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MIGRIM = IV	ianaging Member		
Title .	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Roberta Wise	1410 East Georgiast Bartow FL 33830	Add NRemove
MGR	Jamie Blair	1410 East Georgia St. Barraw FL 33830	Add Remove
			Add Remove
	<del> </del>		Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	<del>-</del>
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	= liclosis	·	 
Dated	William & Wise Signature of a member	or authorized representative of a member	
	M(I)	or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00