L08000007947

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
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(Document Number)			
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
ountries All Ger	neral Lines Insurance	a II C	
SUBJECT: All Get	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lernard Crockett		<u> </u>
		(Name of Person)	
	All General Lines Insura	nce -	والمنظل المستداد المس
(Firm/Company)			SEC SEC
	4930 N. Pine Island Roa	d	CRET NOV
		(Address)	ARY SSE
	Lauderhill, Florida 33351		
		(City/State and Zip Code)	ORI
For further information of	concerning this matter, please of	eall:	Dri F
Lernard Crockett		at (954) 741-4433	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	he 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		STREET/COURIER Registration Section Division of Corporation	
P.O. Box 6327		Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All General Lines Insurance, 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 1/22/08 and assigned Florida document number L08000007947 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 "L.L.C." 4930 North Pine Island Road Enter new principal offices address, if applicable: Lauderhill, Florida 33351 (Principal office address MUST BE A STREET ADDRESS) 4930 North Pine Island Road Enter new mailing address, if applicable: Lauderhill, Florida 33351 (Mailing address MAY BE A POST OFFICE BOX) 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: 4930 North Pine Island Road New Registered Office Address: (Enter Florida street address) Lauderhill , Florida 33351 (City)

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.

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 **Title** <u>Name</u> Address Type of Action _ Add ☐ Remove ☐ Add Remove Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please add the FEI Number 261878529 to the Filing Records. Dated November 12 2008 Signature of a member or authorized representative of a member **Lernard Crockett**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00