

L08000009655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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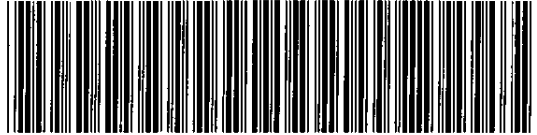
(Business Entity Name)

(Document Number)

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08 FEB 14 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gulligan FEB 15 2008

TERYL JEFFREY LYMAN

39 Via Del Corso  
Palm Beach Gardens, FL 33418  
Phone: 561.630.0011  
Fax: 561.630.0366  
Email: [teri@terijeffrey.com](mailto:teri@terijeffrey.com)

February 13, 2008

Registration Section  
FL Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Articles of Amendment – FL Document #L08000009655 (Career Street Solutions, LLC – Name Change)

To Whom It May Concern:

Enclosed please find a Cover Letter and two copies of the Articles of Amendment to Articles of Organization of Career Street Solutions. This Amendment reflects the following:

1. Name Change from Career Street Solutions, LLC to Insurance Law Jobs, LLC
2. Removal of Teryl Jeffrey Lyman as Manager and Addition of Teryl Jeffrey Lyman as Managing Member

Enclosed is my check in the amount of \$60.00 for the filing fee, certificate of status and certified copy. Please return the certified copy to:

Teryl Jeffrey Lyman  
39 Via Del Corso  
Palm Beach Gardens, FL 33418

If possible, could you please also fax a copy to 561.630.0366? Thanks for your assistance.

Sincerely,



Teryl Jeffrey Lyman

Encls.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Career Street Solutions, 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:

Teryl A Jeffrey Lyman  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

39 Via Del Corso  
(Address)

Palm Beach Gardens, FL 33418  
(City/State and Zip Code)

For further information concerning this matter, please call:

Teryl A Jeffrey Lyman at ( 561 ) 630.0011  
(Name of Person) (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**  
08 FEB 14 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Career Street Solutions, 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 1/27/08 and assigned  
Florida document number L08000009655.

This amendment is submitted to amend the following:

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

Insurance Law Jobs, LLC

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

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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.*

\_\_\_\_\_  
(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

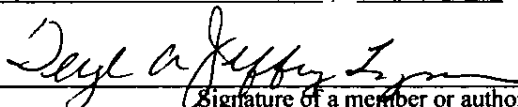
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Teryl A Jeffrey Lyman	39 Via Del Corso Palm Beach Gardens, FL 33418	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Teryl A Jeffrey Lyman	39 Via Del Corso Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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08 FEB 14 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated February 13, 2008

  
Signature of a member or authorized representative of a member

Teryl A Jeffrey Lyman  
Typed or printed name of signee