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T. CLINE

SEP - 8 2008

EXAMINER

COVER LETTER

10:	Division of Corp						
	•						
SUBJE	CT: GO INS	URANCE LLC			•	ł	
	(Name of Limited Liability Company)						
		•					
The end	losed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspon	dence concerning this matter	to the following:				
		GEADY GONZALEZ					
			(Name of Person)				
GO INSURANCE LLC							
			(Firm/Company)				
129 EAST OAKLAND PARK BLVD							
			(Address)		TALL SEC		
OAKLAND PARK, FL 33334					्रेष्ट-चेत्रे (८)	i i iz tigena	
			(City/State and Zip Code)		EP-1	entation and a second	
For furt	her information co	ncerning this matter, please ca	all:		5 AM	i far	
GEAD'	Y GONZALEZ		at 154 214 - 3	2276	등을 증	y gan tagya au a	
	(Name of	Person)	(Area Code & Daytime To	elephone Number)	(h) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
Enclose	d is a check for the	e 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 F Certificate of Certified Cop (additional co	Status &)	

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

GO INSURANCE LLC				
(<u>Name of the Limite</u> (d Liability Company as it now A Florida Limited Liability Com	appears on our records.)		
The Articles of Organization for this Limited	on 06/05/2008 a	and assigned		
Florida document number L08000055711				
This amendment is submitted to amend the fo	lowing:			
A. If amending name, enter the new name	of the limited liability compa	iny here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability	Company," the designation "LLC"	or the abbr	eviation
Enter new principal offices address, if appli	cable:	₹ 		
(Principal office address MUST BE A STRE	DE PA	1 177	a 13 47	
		(A)	, , , , , , , , , , , , , , , , , , ,	Charmen f
		(Fig.		
Enter new mailing address, if applicable:	70	· ==	april donar	
(Mailing address MAY BE A POST OFFICE	<u> </u>	<u>.</u> сл		
		Ĭ,	'' 	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		ss on our records, <u>enter the n</u>	ame of th	<u>he new</u>
New Registered Office Address:	2260 SUNSHINE BLVD			
TVEN TRESIDENCE OF TREE TRACESS.		(Enter Florida street address))	
	MIRAMAR	, Florida 33023		
	(City)		ip Code)	
New Registered Agent's Signature, if changing	Registered Agent:			
I housely assent the appointment as a second	and amount and arress to see the	this commits. I find an experience		
I hereby accept the appointment as register	eu ageni ana agree io aci in	-inis capacity. 1 juriner agree to	э сотріу і	wun

H Changing Registered Agent, Signature at New Registered Age

Page 1 of 2

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 <u>Title</u> **Address Type of Action** <u>Name</u> **EDWIN M ORTIZ** MGR 2260 SUNSHINE BLVD **₽** Add MIRAMAR, FL 33023 Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) or authorized representative of a member GEADY GONZALEZ

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Filing Fee: \$25.00

Typed or printed name of signee