## U800071430

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
. (Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000138741930

12/15/08--01006--005 \*\*25.00

SECRETARY OF STATE

M. THOMAS

DEC 16 2008

EXAMINER

## **COVER LETTER**

Division of Corp	porations				
SUBJECT: Planning	g Ahead Insurance	Services, LLC		E	
	(Name of Limit	ted Liability Company)			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
•	C	·			
	William J. Anderson				
	<del>,</del>	(Name of Person)			
	Millians I Andreson D.A				
	William J. Anderson, P.A.				
		(Firm/Company)		OB DEC 15 PH 1:08 SECRETAGE OF STATE PLEATING	
	101 NE 3rd Ave., Suite 1500				
		(Address)		TO THE	
	<b>-</b>			TO I	
	Ft. Lauderdale, FL 33301			5°54 :	
		(City/State and Zip Code)		<b>温温 6</b>	
		<u> </u>	<b>D</b>		
For further information co	oncerning this matter, please c	all:			
William J. Anderson		at ( 954 ) 332-3744			
	of Person)	(Area Code & Daytime T	elephone Number)	<del></del>	
(rame e		(130, 330, 112),	,		
Enclosed is a check for th	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:

TO:

**Registration Section** 

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

Planning Ahead Insurance Services, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>7/24/2008</u>	and assigned	
Florida document number L08000071430			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
		,	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
		· · ·	
(Principal office address MUST BE A STREET ADDRESS)			
		08 DEC	
		製った	
Enter new mailing address, if applicable:	7557 W. Sand Lake Road		
(Mailing address MAY BE A POST OFFICE BOX)	PMB 144	THE	
	Orlando, FL 32819	<u> </u>	
		7	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		er the name of the new	
registered agent and/or the new registered office address ne	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:	and the second s		
	(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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Timothy R. Fussell		Add Remove
	·		Add Remove
			OF THE PROPERTY OF THE PROPERT
			OB DEC 15 PM 1: 05  ACTION OF STATE  ACT
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
			<del></del>
			_
Dated Decem		2008	
-	<del>-</del>	member or authorized representative of a member	
-	William J. Anders	Son Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00