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SECRETARY OF STATE

S. HAWKES AUG 2 1 2009 EXAMINER

## **COVER LETTER**

· Division of Corporations
SUBJECT: LMB Insurance 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:
Lisa Bornhorst Name of Person
Nume of Ferson
The Scene Magazine
• •
15730 Red. Fox Run Address
Ft Myers FL 33912 City/State and Zip Code Visa ethescene online.com
Visa ethesceneonline.com
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Lisa Bornhorst 31, 239, 222-7015
Name of Person at (239) 222-7015  Area Code & Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee \$\ Certificate of Status \$\ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \$\ Certified Copy (additional copy is enclosed)\$\$ \$\ (additional copy is enclosed)\$\$ \$\ (additional copy is enclosed)\$\$ \$\ (additional copy is enclosed)\$\$
MAN INC. ADDRESS.

### 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

LMB Insurance	uc			0
(Name of the Limited Liab (A Flori	ility Company ida Limited Lial	as it now appears on oility Company)	our records.)	智量工
The Articles of Organization for this Limited Liability Florida document number 26340990	ty Company w	ere filed on <u>O</u>	05/2008	and assigned
This amendment is submitted to amend the following	g:			On the state of th
A. If amending name, enter the new name of the  The Scene Magazine  The new name must be distinguishable and end with the "L.L.C."			the designation '	LLC" or the abbreviation
Enter new principal offices address, if applicables	:	2577 Fir _Ft Myers	st St	
(Principal office address MUST BE A STREET AL	DDRESS)	<u>Ft Myers</u>	. FL 339	01
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Lisa	. Bornhors		
New Registered Office Address:	15730	Red Fox	Kuh Florida street aa	ldress
	Ft My	City	, Florida _	220.0

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

MGR = Mai MGRM = M	nager Ianaging Member		
<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Nikole Martz	1217 Cape Coral E#226 Cape Coral FL 3	PKWY Add Remove
			Add Remove
			Add Remove
			Addo Resmove
	·		Elváron Company
			Add Remove
D. If ameno	ling any other information, enter cha	nge(s) here: (Attach additional sheets,	if necessary.)
_			
Dated	8/14/2009		
	Nisa Bouhors	there or authorized representative of a mem	

Page 2 of 2

Filing Fee: \$25.00