L08000090340

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08 DEC -1 AHII: 22 SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ISLAND	COAST TEACHER	RS INS. GROUP, LLC	0
SUBJECT:		ited 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:	
	DAVID W. MAGOON		
		(Name of Person)	
		(Firm/Company)	
		(City/State and Zip Code)	
For further information eq	oncerning this matter, please c	all:	
DAVID W. MAGOON	•	at (239) 275-4667	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
. 10			

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



ISLAND COAST TEACHERS INS. GROUP, 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 Liab	ility Company were filed on	SEPTEMBER 22, 2008	and assigned
Florida document number L08000090340	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company	here:	
ISLAND COAST TEACHERS INS. AGENCY, LLC			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Co	mpany," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or		on our records, enter the	name of the new
registered agent and/or the new registered offic	e address here:		
Name of New Projectured Agents			
Name of New Registered Agent:			
New Registered Office Address:			
•	(Enter Florida street address)		
		, Florida	
	(City)	G	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 Mahaging Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
·			Add Remove
D. If amer	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	· · · · · · · · · · · · · · · · · · ·
_			060EC
Dated	11/25/2008		EC-I AHII:
		or authorized representative of a member	N N
	DAVID W. MAGOON Typed	d or printed name of signee	

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Filing Fee: \$25.00