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EXAMINER



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10/20/08--01015--008 **25.00

08 OCT 20 PM 4: 04

SECRETARY OF STATE

COVER LETTER

	ration Sec on of Corp			·		
SUBJECT: S	OUTH	FLORIDA INSURA	NCE ADVISORS LLC			
(Name of Limited Liability Company)						
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.			
Please return al	l correspon	dence concerning this matter	to the following:			
		JESUS AMARANTE				
(Name of Person)						
			•			
	 -					
			(Address)			
		MIAMI LAKES FLORIDA	33016			
			(City/State and Zip Code)			
For further info	rmation co	ncerning this matter, please ca	all:			
JESUS AMAR	RANTE		at (_305_) 298-7273			
(Name of Person)			(Area Code & Daytime T	elephone Number)		
Employed to a sh	ands for the	6-11in				
✓ \$25.00 Filin		following amount:	□\$55.00 Filing Fee &	T\$60.00 Elling Egg		
2 \$23.00 Film	g rec	Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section			STREET/COURIER ADDRESS: Registration Section			
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building			
Tallahassee, FL 32314		see, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT OIVISION OF CORPORATI ARTICLES OF ORGANIZATION OF SECRETARY OF STATE OF ORGANIZATION OF 08 OCT 20 PM 4: 04

SOUTH FLORIDA INSURANCE ADVISORS 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 Cor	mpany were filed on OC	TOBER 3RD 2008	and assigned
Florida document number LO8000093991	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :	
SOUTH FLORIDA INSURANCE SALES ASSOCIATES L	LC		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
		, Florida	
Now Degistered Accepts Simpstone 15 character Design	(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 **Title Name Address** Type of Action ☐ Add ☐ Remove □ Add Remove **₫** Add Remove ∫ Add Remove _ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MGR Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00