

U08000100899

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 20 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Southern Risk Advisors, 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:

Lewis O'Steen

Name of Person

WiseChoice Insurance Agency

Firm/Company

924 Spring Lake Square

Address

Winter Haven FL 33881

City/State and Zip Code

sosteen@wisechoiceinsuranceagency.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lewis O'Steen

Name of Person

at (863)

624-1000

Area Code & Daytime Telephone Number

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the 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)

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**

Southern Risk 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 Company were filed on 10/28/2008 and assigned
Florida document number L08000100899.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WiseChoice Insurance Agency, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

924 Spring Lake Square

Winter Haven FL 33881

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

J. Robert Walker

New Registered Office Address:

924 Spring Lake Square

Enter Florida street address

Winter Haven

, Florida

33881

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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lewis O'Steen	101 Laurel Cove Way Winter Haven FL 33884	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WiseChoice Insurance Group	924 Spring Lake Square Winter Haven FL 33881	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Lewis O'Steen	101 Laurel Cove Way Winter Haven FL 33884	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 19 PM 1:28

FILED

Dated

5/11/10

X

Signature of a member or authorized representative of a member

Joseph R. WALKER, President - WiseChoice Insurance Group

Typed or printed name of signee