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D. BRUCE.
DEC 7 2010
EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Nash Insurance & Associates, 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:
Brandon Nash Name of Person
Nash Insurance & Associates, LLC
8801 College PKWY Suite 1 & 5
Fort Myers Fl 33919 City/State and Zip Code Brandon @ Niateam.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Brandon Nash at (439) 333-0888 55 57 Name of Person Area Code & Daytime Telephone Number 57 57 57 Area Code & Daytime Telephone Number 57 57 57 Area Code & Daytime Telephone Number 57 57 The content of
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed)
* MAILING_ADDRESS: Registration Section * Division-of-Corporations P.O=Box-6327 _Tallahassee,=FL=32314 **El=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

Nash Insurance E (Name of the Limited Liability Compa (A Florida Limited	A SSOCIATES Liny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12 09	o & and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8801 Callege Suite 1 9 5 Ff. Myers,	PKWY 5 7 7 7 1 1 33919 5 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8801 College Surte 1+ E Ft. Myers, Fl	32919
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action <u>Address</u> **Title** Name ☐ Add Remove ∏ Add Remove Add Remove Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00