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**EXAMINER** 

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2009 MAY 18 PM 4:

You can reach me on my cell phone at

407-702-8541

and my home address is:

103 Brushcreek Drive Sanford, FL 32771

Please feel free to call me anytime or via mail.

Jodi Goldberg

2009 MAY 18 PH 4: 43

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: Options Unlimited Insulance UC 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:
Jodi Groldbeeg Name of Person
Options Unlimited Insurance LCC Firm/Company
103 BRUSHCREEK DRIVE
Sanford FL 32771 City/State and Zip Code  Jodia 0 274/20 Janoo. Com
E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jodi Goldberg at (407) 702-8541  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \text{Certified Copy is enclosed}\$\$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$\$ (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

(Name of the Limited I	Mited Insular lability Company as it now appears of forida Limited Liability Company)	· <del></del>	
The Articles of Organization for this Limited Lia		8 2009 and assigned	
Florida document number <u>L 090001</u>	1308	·	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	he limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	" the designation "LLC" or the abbreviation	
Enter new principal offices address, if applical	ble:	17. 20	
(Principal office address MUST BE A STREET	ADDRESS)		
		AT A	
		SSE CONTRACTOR	
Enter new mailing address, if applicable:		Ta z M	
(Mailing address MAY BE A POST OFFICE BOX)			
	·	\$\frac{1}{2}\$	
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new	
Name of New Registered Agent:	Jodi Goldbe	rg	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:		

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 Type of Action** <u>Name</u> **Address** CEO A. Watson ☐ Add Remove Through Condition and Remove ☐ Add ☐ Remove Add **⊵** Remarve 9 HAY ∠PAdd— Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please Persone Bradiey A. Dated Ma Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00