

Division of Corporations

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Fax Number : (850) 617-6383

L. SELLERS

JUL 20 2009

From: Account Name : LEGALZOOM.COM INC.
Account Number : T20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

EXAMINER**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****NEAL & ASSOCIATES INSURANCE SERVICES, LLC**

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FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Tony Burroughs

DATE 2009-07-16 20:54:19 GMT

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COVER MESSAGE

Tony Burroughs | Special Filings Specialist Business Special Filing 323.962.8600 x862 |
Fax 323.337.0742 | tburroughs@legalzoom.com www.legalzoom.com | 7083 Hollywood
Blvd., Suite 180, Los Angeles, CA 90028

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From: BizCopier1@legalzoom.com [BizCopier1@legalzoom.com]

Sent: Thursday, July 16, 2009 3:50 PM

To: Tony Burroughs

Subject:

This document was digitally sent to you using an HP Digital Sending device.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEAL & ASSOCIATES INSURANCE SERVICES, 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:

Tony Burroughs
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

7083 Hollywood Blvd., Suite 180
(Address)

Los Angeles, CA 90028
(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs at (323) 962-8600
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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☐ \$60.00 Filing Fee,
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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**

NEAL & ASSOCIATES INSURANCE SERVICES, 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 04/15/2009 and assigned
Florida document number: L09000036437.

This amendment is submitted to amend the following:

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

NEAL & ASSOCIATES INSURANCE SERVICES, PLLC

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

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: United States Corporation Agents, Inc.
New Registered Office Address: 13302 Winding Oaks Blvd., Suite A-100
(Enter Florida street address)
Tampa, Florida 33612
(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)

Jacob Varghese, VP Signing on behalf of United States Corporation Agents, Inc.

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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	JASON CADORETTE	673 N.W. 42 AVENUE PLANTATION FL 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Tommy Neal	1695 Lee Rd. #C104 Winter Park, FL 32789	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article II. The street address of the principal office and the mailing address of the LLC shall be:

1695 Lee Rd., #C104, Winter Park, FL 32789

Article III. The sole and specific purpose for which the professional LLC is organized is to render the professional service of Insurance

Dated July 10, 2009



Signature of a member or authorized representative of a member

JASON CADORETTE, Managing Member

Typed or printed name of signee

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Filing Fee: \$25.00

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