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J. SAULSBERRY
EXAMINER

APR 11 2011

COVER LETTER

TO: ☒ Registration Section
Division of Corporations

SUBJECT: Insurance Sales Network of America 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:

Judith A. Richardson

Name of Person

Insurance Sales Network of America

Firm/Company

1407 Crestwood Court North

Address

Safety Harbor, FL 34695

City/State and Zip Code

bob.richardson@ymail.com

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

For further information concerning this matter, please call:

Judith A. Richardson

Name of Person

at 727 797-0487

Area Code & Daytime Telephone Number

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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**

Insurance Sales Network of America

(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 4/17/2009 and assigned

Florida document number L09000038239.

This amendment is submitted to amend the following:

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

name remains unchanged

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)

1407 Crestwood Court North
Safety Harbor, FL 34695

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1407 Crestwood Court North
Safety Harbor, FL 34695

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:

registered agent remains unchanged

New Registered Office Address:

1407 Crestwood Court North

Enter Florida street address

Safety Harbor, Florida 34695
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<i>managing members remain unchanged</i>			
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

no further changes

Dated

April 4, 2011

Judith A. Richardson

Signature of a member or authorized representative of a member

Judith A. Richardson

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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