

L09000048683

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 20 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICANWIDE INSURANCE 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:

MOSHE ZUCHAER

Name of Person

AMERICANWIDE INSURANCE LLC

Firm/Company

9594 NW 41 ST SUITE 105

Address

DORAL, FL 33178

City/State and Zip Code

FA@PREMIUMCREDITBUREAU.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MOSHE ZUCHAER

Name of Person

at (**305**)

468-1560

Area Code & Daytime Telephone Number

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**

AMERICANWIDE INSURANCE 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 05/19/2009 and assigned
Florida document number L09000048683.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MOSHE ZUCHAER</u>	<u>9594 NW 41 ST SUITE 105</u> <u>DORAL, FL 33178</u>	☒ Add ☐ Remove
<u>MGR</u>	<u>SANDS, PATRICE</u>	<u>3900 OAKS CLUBHOUSE DR - # 502</u> <u>POMPANO BEACH FL 33069</u>	☐ Add ☒ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u>	☐ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u>	☐ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u>	☐ Add ☐ Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u>	☐ Add ☐ Remove

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

Dated 58P5736R 14, 2011

Signature of a member or authorized representative of a member

720748 ZUCKER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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