# L090006315

(Rec	questor's Name)	
(Add	lress)	
(Add	Iress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	<b></b>

Office Use Only



900262099589

07/11/14--01002--001 \*\*25.00



JUL 11 2014

S. YOUNG

### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

## ALPHA &OMEGA OF OCALA INSURANCE GROUP LLC

SUBJECT:

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:

Ana Lorenzo		
Name of Person		-
ALPHA &OMEGA OF OCALA INSURANCE GROUP LLC	<b>3</b> [2]	Ç.
Firm/Company		
3928 SE 58th Ave		17 <u>4</u>
Address		- 祭 - (c)
Ocala FL 34480		
City/State and Zip Code		
Lorenzoanai@aol.com		
E-mail address: (to be used for future annual report notification)	_	

For further information concerning this matter, please call:

Ana	Lorenzo	0
-----	---------	---

,,352,4703140

Name of Person

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

## ALPHA &OMEGA OF OCALA INSURANCE GROUP 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 Liabi Florida document number L0900063115	lity Company were filed on 06/30/2009	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Insurance Solutions LLC - Alpha	Insurance Solutions L	LC. per Ana
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		海河 實
(Mailing address MAY BE A POST OFFICE BO.	X)	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records address here:	s, enter the name of the new
New Registered Office Address:		
	Enter Florida street addres.	S
_	, Flo	orida
	City	orida Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	ind complete performance of my duties, an red agent as provided for in Chapter 605, i istered office address, I hereby confirm tha	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

ithorized Member		
<u>Name</u>	Address	Type of Action
		Add
		□ Remove
		□ Add
		☐ Remove
	<del>-</del> 1	
		Add
		☐ Remove
	<del></del> -	Add
		Remove
		☐ Add ☐
		Remove □
		Add
		□ Remove
	Name	

Footive date	, if other than the date of filing: (optional)
ne effective date	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after upon is filed by the Florida Department of State)  (optional)
ated /	8114
ateu	
,	* · · · · · · · · · · · · · · · · · · ·
· · · · · ·	Ina Foren Do
	Signature of a member or authorized representative of a member
Ar	Signature of a member or authonized representative of a member  na Lorenzo  Typed or printed name of signee

Page 3 of 3

14 JUL 11 PE 4:3:

Filing Fee: \$25.00