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## **COVER LETTER**

	Registration Division of C	Section Corporations	
SUBJEC	T:	11-40MAS INSURANCE SERVICES, LLC Name of Limited Liability Company	
502020		Name of Limited Liability Company	
The enclo	osed Articles	of Amendment and fee(s) are submitted for filing.	
Please ret	urn all corre	spondence concerning this matter to the following:	
		SUSAN K. THOMAS Name of Person	
		THOMAS INSULANCE SERVICES, LLC Firm/Company	
		POBOX 7664 Address	
		Address	
		5 EBRING, FL 33872	
		Susan Kthamas 54 a gmail. com E-mail address: (to be used for future annual report notification)	
For furthe	er informatio	n concerning this matter, please call:	
_ J <u>i</u>	(SAN <sup>1</sup> Nam	at (352) 223 – 4304  Te of Person Area Code Daytime Telephone Number	
Enclosed	is a check fo	or the following amount:	
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



Name of the Limited Liability Comp (A Florida Limited	OBALICES, LLC  pany as it now appears on our records.)    Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on $08-17-2009$ and assigned
Florida document number <u>LO9000078838</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 605, 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.

City

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SUSANK, THOMAS	POBOX 7664- SEARING, FZ 33872	2 DAdd
			□Remove
			□Change
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		<u> </u>	□Remove
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