

LD9000093167

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T. CLINE

OCT 12 2009

EXAMINER

BRENNAN, MANNA & DIAMOND
ATTORNEYS & COUNSELORS AT LAW

BONITA SPRINGS OFFICE
3301 Bonita Beach Road, Suite 100
Bonita Springs, Florida 34134
Telephone 239-992-6578
Facsimile 239-992-9328

AKRON OFFICE
75 East Market Street
Akron, Ohio 44308
Telephone 330-253-5060
Facsimile 330-253-1977

JACKSONVILLE OFFICE
800 West Monroe Street
Jacksonville, Florida 32202
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Fax: 904-366-1501

Anna-Karina Dragolich
Phone: (330) 253-5060
Fax: (330) 253-1977
Email: akdragolich@bmdllc.com

October 8, 2009

VIA FEDEX OVERNIGHT DELIVERY

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

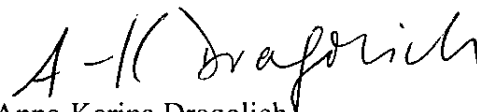
RE: Life Insurance Analytics, LLC

Dear Sir or Madam:

Enclosed herewith please find the Articles of Amendment for the above-referenced entity, along with a check in the amount of \$25.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,


Anna-Karina Dragolich
Paralegal

FILED
2009 OCT -9 AM 10:14
TALLAHASSEE, FLORIDA
RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Life Insurance Analytics, 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:

Anna Dragolich

Name of Person

Brennan, Manna & Diamond

Firm/Company

75 East Market Street

Address

Akron, OH 44308

City/State and Zip Code

akdragolich@bmdllc.com

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

For further information concerning this matter, please call:

Anna Dragolich

Name of Person

at (**330**) **253-5060, Ext. 151**

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

FILED
2009 OCT -9 AM 10:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Life Insurance Analytics, 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 09/25/2009 and assigned
Florida document number L09000093167.

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)

2328 10TH AVENUE NORTH, SUITE 305

LAKE WORTH, FL 33461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2328 10TH AVENUE NORTH, SUITE 305

LAKE WORTH, FL 33461

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

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>
			<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
			<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.)

Dated October 8, 2009.

Frank A. Lettieri

Signature of a member or authorized representative of a member

Frank A. Lettieri

Typed or printed name of signee