L10000001108

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FILED 10 FEB -3 PM 1:35 SECRETARY OF STATE

J. BRYAN

FEB -4 2009

EXAMINER

COVER LETTER

TO:	Registration Solution Of Con			
SUBJ	ЕСТ:	Dignity Assurance Name of Limit	ce LLC. ed Liability Company	
		Amendment and fee(s) are sub-	-	
Please	return all correspo	ondence concerning this matter	to the following:	
	,	Robert A. Pa	Ascal, P.A. Name of Person	
		Attorney At	Law Firm/Company	
		300 S. Avenu	ae of the Arts Address	SECRET TO
		Fort Laudero	lale, Fl. 33312 City/State and Zip Code	EB-3 PH AHASSEE, FI
		E-mail address: (to	be used for future annual report notificati	
For fu	rther information of	concerning this matter, please ca	ill:	
Rol		scal, Esquire of Person	at (954) 522-4090 Area Code & Daytime Te	lephone Number
Enclos	ed is a check for t	he following amount:		
	5.00 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)
		ING ADDRESS: ration Section	STREET/COURIER Registration Section	ADDRESS:

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dignity Assuran (Name of the Limited Liability Compan (A Florida Limited Li	ce LLC. y as it now appears on our records.)		
(A Piorida Limited El	aointy Company)		
The Articles of Organization for this Limited Liability Company	were filed onJan 5, _2010 and assigned		
Florida document numberL1000001108			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Family Assurance LLC.			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	ALL 10		
	\$		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	#≥ w		
5 Ta	≯ *		
B. If amending the registered agent and/or registered off 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessor	ary.)
_		,	TO FEB
			FILED EB-3 PH II:
Dated	Signature of a membe	r or authorized/epresentative of a member	1:35
	Frank Reilly	// -	····

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