## LIDOCCOU251

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| L. SELLERS                              |
| FEB - 8 2010                            |

**EXAMINER** 

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## **COVER LETTER**

| TO:                            | Registrati<br>Division o |   |  |  |  |  |                                      |               |  |
|--------------------------------|--------------------------|---|--|--|--|--|--------------------------------------|---------------|--|
| SUBJI                          | ECT:                     | (   | Global Insurance                           | e Agend                                | cy Alliai                                    | nce, L.L   | C.                                   |               |  |
|                                |                          |   | nited Liabil                               |  |  |  |                                      | · · · · · · · |  |
| The en                         | closed Articl            | les of Ame                                  | ndment and fee(s) are so                   | ubmitted for                           | r filing.                                    |  |                                      |               |  |
| Please                         | return all con           | rresponder                                  | ce concerning this matte                   | er to the fol                          | lowing:                                      |  |                                      |               |  |
|                                |                          | William P. Weatherford, Jr.  Name of Person |  |  |  |  |                                      |               |  |
|                                |                          |   |  | ivan                                   | ne or reison                                 |  |                                      |               |  |
| Marlowe & Weatherford, P.A.    |                          |   |  |  |  |  |                                      |               |  |
| Firm/Company                   |                          |   |  |  |  |  |                                      |               |  |
| 1150 Louisiana Avenue, Suite 4 |                          |   |  |  |  |  |                                      |               |  |
|                                | Address                  |   |  |  |  |  |                                      |               |  |
|                                |                          |   | w  | inter Par                              | k, Florida                                   | a 32789  |                                      |               |  |
|                                |                          | _   |  | City/Sta                               | te and Zip C                                 | ode  |                                      |               | <del></del>  |
|                                |                          |   | E-mail address:                            | pw@win                                 | terparkt                                     | aw.net   | otificati                            | on)           |  |
| For fu                         | ther informa             | ntion conce                                 | rning this matter, please                  |  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                                      | ,             |  |
|                                | Willia                   | am P. W                                     | /eatherford, Jr.                           | ai                                     | ( 407 )                                      |  | 62                                   | 9-50          | 08   |
|                                |                          | lame of Per                                 |  | ······································ | Area   | Code & Day   | ytime Te                             | lephon        | e Number   |
| Enclos                         | sed is a check           | k for the fo                                | llowing amount:                            |  |  |  |                                      |               |  |
| <b>₹</b> \$25                  | 5.00 Filing Fo           | ee  | \$30.00 Filing Fee & Certificate of Status | C                                      | .00 Filing I<br>ertified Cop<br>dditional co | Fee &<br>oy<br>opy is enclo  | osed)                                |               | 60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                                | R<br>D<br>P              | Registration<br>Division of<br>P.O. Box 63  | Corporations                               | <b>.</b>                               | Reg<br>Div<br>Clif<br>266                    | REET/COU<br>istration Se<br>ision of Co<br>ton Buildin<br>I Executive<br>ahassee, Fl | ection<br>rporation<br>g<br>e Center | ns<br>Circle  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Global Insuran  | <u>ice Agency Allianc</u>                              | e, L.L.C.                   |                         |
|---|--|-----------------------------|-------------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida   | ty Company as it now appe<br>Limited Liability Company | ears on our records.)       |                         |
| ·   | , , ,  | ,                           |                         |
| The Articles of Organization for this Limited Liability   | Company were filed on                                  | January 19, 2010            | and assigned            |
| Florida document number L1000006259   |  |                             |                         |
|   |  |                             |                         |
| This amendment is submitted to amend the following:   |  |                             |                         |
|   |  |                             |                         |
| A. If amending name, enter the new name of the lin  | nited liability company h                              | <u>ere</u> :                |                         |
|   | · · · · · · · · · · · · · · · · · · ·                  |                             |                         |
| The new name must be distinguishable and end with the wo "L.L.C."   | ords "Limited Liability Com                            | ipany," the designation "LL | .C" or the abbreviation |
| Enter new principal offices address, if applicable:   | <u></u>  |                             |                         |
| (Principal office address MUST BE A STREET ADD  | (RESS)   |                             |                         |
|   |  |                             |                         |
|   |  |                             |                         |
| Enter new mailing address, if applicable:   |  |                             |                         |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>  |                             |                         |
|   | <del></del>  |                             |                         |
|   | ••••   |                             |                         |
| B. If amending the registered agent and/or regis  |  | our records, enter th       | e name of the new       |
| registered agent and/or the new registered office ad  | <u>dress here</u> :                                    |                             |                         |
| ·   |  |                             |                         |
| Name of New Registered Agent:   |  |                             |                         |
| New Registered Office Address:  |  |                             |                         |
|   | i  | Enter Florida street addre  | ess.                    |
|   |  | , Florida                   | 15 ±                    |
|   | City   |                             | Code                    |
| New Registered Agent's Signature, if changing Register  | ed Agent:  |                             | B -                     |
|   |  | Š                           | 7.5. S                  |
| I hereby accept the appointment as registered agent<br>the provisions of all statutes relative to the proper of |  |                             |                         |
| accept the obligations of my position as registered (   |  |                             |                         |
| being filed to merely reflect a change in the register  | red office address, I here                             |                             |                         |
| company has been notified in writing of this change   | 2.   |                             | <b>&gt;</b>             |

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>                      | Address   | Type of Action     |
|--------------|----------------------------------|---|--------------------|
| MGR          | V. G. Robinson                   | 4983 W. Colonial Drive<br>Orlando, Florida 32808            | ✓ Add ☐ Remove     |
|              |                                  |   | Add Remove         |
|              |                                  |   | Add Remove         |
|              |                                  |   | Add<br>Remove      |
|              |                                  |   | Add<br>Remove      |
|              |                                  |   | Add<br>Remove      |
| D. If amen   | ding any other information, ente | r change(s) here: (Attach additional sheets, if necessary   | v.)<br>            |
| _            |                                  |   |                    |
|              |                                  | Λ   |                    |
| Dated        | Signature of a                   | member or authorized representative of a member             | 10 FEB -5 SECRETAR |
|              |                                  | William P. Weatherford, Jr. Typed or printed name of signee | SSEE, FL           |
|              |                                  | Page 2 of 2   | STA<br>FLOO        |

Filing Fee: \$25.00