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T. CLINE

FEB 23 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 FEB 22 AM 11:11

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J. Phillips Insurance Advisor, 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:

Pamela T. Karlson  
Name of Person  
Pamela T. Karlson, P.A.  
Firm/Company  
301 Dal Hall Blvd  
Address  
Lake Placid, FL 33852  
City/State and Zip Code  
info@karlsonlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela T. Karlson at (863) 465-5033  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

J. Phillips Insurance Advisor, 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 Feb. 4, 2010 and assigned  
Florida document number L10000013502.

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**)

308 Dal Hall Blvd.  
Lake Placid, Florida 33852

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

308 Dal Hall Blvd.  
Lake Placid, Florida 33852

**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>
Mgrm	Joanne I. Phillips	125 Temptation Ct. Lake Placid FL 33852	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joanne I. Phillips	308 Dal Hall Blvd. Lake Placid FL 33852	<input checked="" 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

February 15, 2010

*Joanne I. Phillips*

Signature of a member or authorized representative of a member

Joanne I. Phillips

Typed or printed name of signee

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TALLAHASSEE, FLORIDA