

L10000038215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
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S. HAWKES
JUN 17 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Insurance Agent 1st Co.
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:

BRENDA ECKSTEIN
Name of Person

Insurance Agent 1st Co.
Firm/Company

2812 Baypointe Cir
Address

Tampa FL 33611
City/State and Zip Code

beckstein2@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Eckstein at (813) 835-5456
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INS. AGENT 1ST CO. 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 4/8/2010 and assigned Florida document number L10000038215

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)

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TAMPA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

BRENDA ECKSTEIN

New Registered Office Address:

2812 BAYPOINTE CIR

Enter Florida street address

(SAME STREET)
ADDRESS
AS BEFORE

TAMPA

City

Florida

33611

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.

X Brenda G. Eckstein
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

Title	Name	Address	Type of Action
MGR	PAUL ECKSTEIN	2812 BAYPOINTE CIR TAMPA FL 33611	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PAUL ECKSTEIN	2812 BAYPOINTE CIR TAMPA FL 33611	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
REG AGENT	PAUL ECKSTEIN	SAME AS ABOVE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BRENDA ECKSTEIN	SAME AS ABOVE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BRENDA ECKSTEIN	SAME AS ABOVE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
REG AGENT	BRENDA ECKSTEIN	SAME AS ABOVE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated JUNE 5, 2010

[Signature] Brenda Y. Eckstein
Signature of a member or authorized representative of a member

(FORMER) PAUL ECKSTEIN (NEWLY APPOINTED) BRENDA ECKSTEIN
Typed or printed name of signee