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(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
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ALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Imperial Insurance 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:

Anthony Taines

Name of Person

Imperial Insurance LLC

Firm/Company

3275 W HILLSBORO BLVD Ste 309

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

imperialins1@aol.com

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

For further information concerning this matter, please call:

Anthony Taines

Name of Person

___561**864-030**0

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)

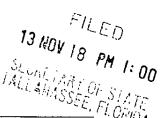
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



Imperial Insurance 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 Florida document number <u>L10000083</u>	Liability Company 977	were filed on 05/17/2011	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and end v	vith the words "Limi	ited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	3275 W HILLSBORG	
B. If amending the registered agent and registered agent and/or the new registered	l/or registered of	fice address on our records, <u>e</u> :	nter the name of the new
Name of New Registered Agent:	Anthony	Taines	
New Registered Office Address:		Enter Florida stre	et 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> **Address Type of Action** Joshua Sawicki 55 Talcott Ave MGRM Vernon CT 06066 Remove Remove Remove

If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
······································	
November 12th	2013
	_,
they	
Signa@y/ Anthony Taines	of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00