

L10000086799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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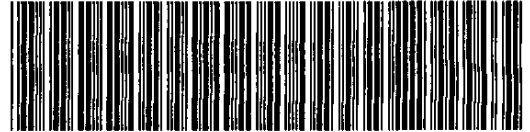
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. SAULSBERRY
EXAMINER

DEC 6 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PFG IA, 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:

Kathryn Giardina
Name of Person

PFG IA, LLC
Firm/Company

2975 Bee Ridge Rd. Ste. A
Address

Sarasota, FL 34239
City/State and Zip Code

giardina.kathryn@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Giardina at (941) 952-7517
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

PFG IA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 8-18-2010 and assigned
Florida document number L10000086799.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MBT Insurance Services LLC

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)

2975 Bee Ridge Rd. Ste
Sarasota, FL 34239

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2975 Bee Ridge Rd. Ste. 1
Sarasota, FL 34239

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:

2975 Bee Ridge Rd. Ste. A

Enter Florida street address

Sarasota
City

Florida

34239

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

Title	Name	Address	Type of Action
MGR	PF6 Asset Management, LLC	7441 N. Tanian Trail Sarasota, FL 34243	☐ Add ☒ Remove
MGR	Jimmy E. Price	7441 N. Tanian Trail Sarasota, FL 34243	☐ Add ☒ Remove
MGR	Aubrey L Price	7441 N. Tanian Trail Sarasota, FL 34243	☐ Add ☒ Remove
MGR	Jimmy E. Price	2975 Bee Ridge Rd. Stc. A Sarasota, FL 34239	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Address
change

MGA Kathryn Giardina
2975 Bee Ridge Rd. Stc. A
Sarasota, FL 34239

Dated November 29, 2011

Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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