

Oct. 23, 2013 12:58 PM  
Division of Corporations

No. 0396 P. 1  
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H130002305263ABCW

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PAUL A. KRASKER, P.A.  
Account Number : I20090000073  
Phone : (561) 515-2930  
Fax Number : (561) 515-2939

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: p.krasker@kraskerlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NATIONAL INSURANCE SOLUTIONS, LLC

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Page Count	01
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 NOV - 8 AM 11:23  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

NOV - 8 2013

EXAMINER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

National Insurance Solutions, 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 September 7, 2010 and assigned  
Florida document number L10000093315.

This amendment is submitted to amend the following:

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

Insurance Solutions Unlimited, 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)

5999 Dundee Road, Suite 250

Winter Haven, FL ~~33883~~ = 33884

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5999 Dundee Road  
Suite 250

Winter Haven, FL, 33884

**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:

Frank Laisch

New Registered Office Address:

5999 Dundee Rd Suite 250

*Enter Florida street address*

Winter Haven

*City*

, Florida 33884

*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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2011 NOV - 8  
 FALL ASSESSMENT  
 Add  
 Remove

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

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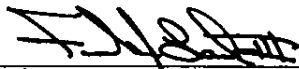
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Dated 10/18/2013



Signature of a member or authorized representative of a member

Frank Laisch

Typed or printed name of signee

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Filing Fee: \$25.00

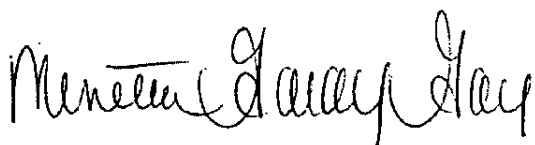
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TALLAHASSEE, FLORIDA

10/24/2013

I, MINETTA GARAY GAY, have no intention in using INSURANCE SOLUTIONS UNLIMITED, LLC -EIN # 45-2122917.

I hereby give consent to Frank Laisch Owner of National Insurance Solutions, LLC- EIN # 27-3397940 to use name Insurance Solutions Unlimited, LLC

Sincerely,

A handwritten signature in cursive script that reads "Minetta Garay Gay".

MINETTA GARAY GAY

22 N ORLANDO AVE  
KISSIMMEE, FL 34741

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FALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT of FINANCIAL SERVICES  
INSURANCE SOLUTIONS UNLIMITED, LLC

5999 DUNDEE RD  
STE 250

WINTER HAVEN FL 33884  
Agency License Number L069228

Location Number: 212161

Issued On 09/17/2013

Pursuant To Section 626.382, Florida Statutes, This Agency's License Will  
Expire On 09/17/2016

Pursuant To Section 626.747, Florida Statutes, This Agency Shall Be In The Active Full-Time  
Charge Of A Licensed General Lines Agent Or Life Or Health Agent Who Is Appointed To  
Represent One Or More Insurers.

Pursuant To Section 626.172, Florida Statutes, Each Agency Shall Display The License Or Registration  
Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who  
Enters The Agency.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
TALLAHASSEE, FL 32309

2013 NOV - 8 AM 11:23

*Jeff Atwater*

Jeff Atwater  
Chief Financial Officer  
State of Florida