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J. SAULSBERRY EXAMINER

DEC 15 2010

COVER LETTER

Division of Corporations	
SUBJECT: MCCallister Insurance LLC	
Name of Limited Liability Company	
$oldsymbol{\cdot}$	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Duke D. McCallister Jr. Name of Person	
McCallister Insurance LLC Firm/Company	
406 Ohio Ave. 8. Address	
Live Oak, 7 L 32064 City/State and Zip Code	MDL PCF I
donnum coulister o gmail com E-mail address: (to be used for diture annual report notification)	
For further information concerning this matter, please call:	£
Duke D. McCalister Jv. at 386 362. 4610 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 Division of Corporations Cliffon Building 2661 Executive Center Circle	
Tallahassee, FL 32314 Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McCallister Insu	rance LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of Florida document number LIQQQQQ95440	Company were filed on 9.16	5.2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		5-4 <u>P</u> 2
(Principal office address MUST BE A STREET ADD	RESS)	can can
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on our	records, enter the name of the new
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida 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 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 Type of Action Address <u>Name</u> Cassardra D. Nichals ☐ Add Remove ☐ Add Remove Remove Add Remove ∏Add Remove ∏Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 9010 member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00