

**L100001205M**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

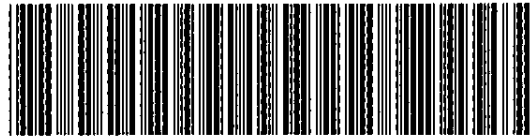
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12 APR 27 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

APR 30 2012

**EXAMINER**

DELOACH & PETERSON, P.A.

ATTORNEYS AT LAW

J. BOYD DELOACH  
SID C. PETERSON II  
PHILIP B. PETERSON  
JAMES C. PETERSON

418 CANAL STREET  
POST OFFICE BOX 428  
NEW SMYRNA BEACH, FL 32170  
(386) 428-2464  
FAX (386) 423-9967

JAMES R. PROVENCHER  
OF COUNSEL



April 25, 2012

**FLORIDA DEPARTMENT OF STATE**

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: SP2 Insurance Services, LLC  
Document Number L10000120514

Dear Sirs:

Enclosed please find Articles of Amendment concerning adding a manager, along with this firm's check in the amount of \$25.00 for such change.

Please return verification of said name change.

Sincerely yours,

  
SID C. PETERSON, JR.

SCP/cmr  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SP2 INSURANCE SERVICES, 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:

**SID C. PETERSON, JR.**

Name of Person

**DeLOACH & PETERSON, PA**

Firm/Company

**418 CANAL STREET**

Address

**NEW SMYRNA BEACH, FLORIDA 32168**

City/State and Zip Code

**SPETERSON@418CANAL.COM**

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

For further information concerning this matter, please call:

**SID C. PETERSON, JR.**

Name of Person

at ( 386 )

**428-2464**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

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**SP2 INSURANCE SERVICES, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 11/19/2010 and assigned  
Florida document number L10000120514.

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida 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 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>
MGR	WILLIAM EDWARD SPURLIN	2910 Westmoreland Drive Orlando, Florida 32804	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dated April 25, 2012

Signature of a member or authorized representative of a member

SID C. PETERSON, JR., attorney and authorized agent

Typed or printed name of signee

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