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SECRETARY OF STATE DIVISION OF CORPORATION

N. Cuttigan APR 5:2011

COVER LETTER

Division of C	Corporations				
SUBJECT:	Insurance Stra	ategies Network, LLC	>		
•	· 	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
		Richard J Schaffer			
		Name of Person			
	Insuran	ce Strategies Network, L	LC		
	Firm/Company				
	4400 N Federal Highway, Suite 210				
•		Address			
	В	oca Raton, FL 33431			
		City/State and Zip Code			
	richard	@prestigegroupcorp.co o be used for future annual report n	m otification)		
For further information	n concerning this matter, please c				
	chard J Schaffer	at (_561)	350-7557		
Name	e of Person	Area Code & Day	rtime Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

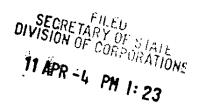
TO:

Registration Section

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



Insuran	ce Strategies Network,	LLC /		
(<u>Name of the Limited L</u> (A F	iability Company as it now appear Torida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Lial Florida document number L110000270	•	03:04:2011	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company her	<u>'e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>	,		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:			·	
New Registered Office Address:				
•	Enter Florida street address			
		, Florida	7: 6 1	
	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 **Title Name Type of Action Address MGRM** Melissa Ragonessi 2975 ALLON ST. Add Remove OCEANSIDE NY 11572 David Montgomery MGRM 2975 ALLON ST. **✓** Add Remove OCEANSIDE NY 11572 ☐ Add ☐ Remove ∏Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 4 2011 Dated Signature of a member or authorized representative of a member Richard J Schaffer Typed or printed name of signee

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Filing Fee: \$25.00