Division of Comor Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000245462 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: BANKERS INSURANCE CO.

Account Number : 074230003715

Phone

(800) 627-0000

Fax Number

1 (727)803-2898 **572- 6827**

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

Email Address:

MC Ameri

COR AMND/RESTATE/CORRECT OR O/D RESIGN MUTUAL FLOOD INSURANCE AGENCY, LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	01
Estimated Charge	\$35:00

25.W

J. SAULSBERRY **EXAMINER**

OCT 11 2012

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (((H12000245462 3)))

MUTUAL FLOOD	INSURANCE AGE	NCY, LLC			
(Name of the Limited Liabil) (A Florid	ty Company as it now appea Limited Liability Company)	re on our records.)			
The Articles of Organization for this Limited Liability Florida document number <u>L11000031195</u>	Company were filed on	03/14/2011	and assigned		
This amendment is submitted to amend the following:					
A. If smending same, enter the new name of the lin	nited liability company her	<u>"E</u> ;			
B	G Agency LLC				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comps	any," the designation "I	LC" or the abbreviation	on	
Enter new principal offices address, if applicable:	N/A	·	7AL 281		
(Principal office address MUST BE A STREET ADD	RESS)		55 G	-	
			ラジ ゴ	Marks of	
•			इंदू ०	12-11-1	
Enter new mailing address, if applicable:	N/A		णुद्ध 😕		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	٠	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on o	our records, <u>enter t</u>	he name of the ne	¥	
Name of New Registered Agant: N/A					
New Registered Office Address:					
	En	Enter Plorida street address			
·		, Florida			
	City	,	Zip Code		
New Registered Agent's Signature, If changing Register	ed Agents				

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 Assut

Page 1 of 2

(((H12000245462 3)))

(((H12000245462 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = M MGRM =	lanager • Managing Wember		
Title	Name	Address	Type of Action
Mgr	lan B. Barber	11101 Roosevelt Blvd N. St. Petersburg, FL 33716	Add Remove
<u>Mgr</u>	Whit N. Ward	1500 Kings Highway Port Charlotte, FL 33980	☐ Add ☐ Remove
		Add Remove	
			Add Remove
	<u> </u>	·	Add Remove
			Add
D. Ifame	ending any other information, en	ter change(a) here: (Attach additional sheets, if n	ecessary.)
	N/A		ZOIZ OCT 10 SECRETARY TALLAHASSE
-			<u> </u>
Dated	October 9	7012	AM Be 13 FLORIDA
	Signature of	'a member or authorized representative of a member lan B. Barber, Mgr.	
		Typed or printed name of signes	
		Page 2 of 2	

Filing Fee: \$25.00

(((H12000245462 3)