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(Reg	uestor's Name)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE, FLORIGA



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATIF Insurance Solutions, 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:

John H. Simmons

Name of Person

ATIF Insurance Solutions, LLC

Firm/Company

6545 Corporate Centre Blvd. #200

Address

Orlando, FL 32822

City/State and Zip Code

Info@ATIF.com

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

For further information concerning this matter, please call:

John H. Simmons

_{.../}855、730-4703

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□ \$60.00 Filing Fre, Certificate of Status & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATIF Insurance Solutions				
(Name of the Limited Liability Company as it now (A Florida Limited Liability Company)	w appears on our records.) mpany)	_		
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L11000042297</u>	d on04/08/2011 and	assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability comp	pany here:			
Fund Insurance Solutions, LLC				
The new name must be distinguishable and end with the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation	n "L.L.C."		
Enter new principal offices address, if applicable:	,			
(Principal office address MUST BE A STREET ADDRESS)	Ž	1		
	L C	-		
	7	20 mmin		
Enter new mailing address, if applicable:	SSE	့ ထ ႏို		
(Mailing address MAY BE A POST OFFICE BOX)		2 7		
Training water Ess MAT BEAT OUT OF THEE BOAY	08	-		
	3			
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the nar	ne of the new		
Name of New Registered Agent:				
New Registered Office Address:				
E	Enter Florida street address			
	, Florida			
City	Zip Co	ode		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to act i provisions of all statutes relative to the proper and complete performa		• •		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name **Address** Type of Action □ Add _□ Remove _D Add _□ Remove □ Add 14 mere 18 PH 1: 34 mere 2 ALL AHASSEE, FLORIDA □ Add □ Remove □ Add



☐ Remove

D.	amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)		
		<u>. </u>		
E. (ffective date, if other than the date of filing:			
	Pated April 14 2014			
	Signature of a member or authorized representative of a member		-	
	John\H. (Simmons			
	Typed or printed name of signee ,	SECRE	14 APR	crasta)
		HASSEE.	R I 8 PM	Princes
		FL	<u> </u>	्रा इ.स.च्य

Page 3 of 3

Filing Fee: \$25.00