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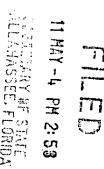
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D. BRUCE

MAY 05 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2011

JOSE LUIS LAURIDO 8927 NW 146 TER MIAMI LAKES, FL 33018

SUBJECT: INSURANCE NATION LLC

Ref. Number: L11000043824

We have received your document for INSURANCE NATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 811A00010223

CT

www.sunbiz.org

COVER LETTER

Division of Corporations
SUBJECT: INSURANCE NATION 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:
Jose Luis LAURIdo Name of Person
Effective INSURANCE LLC Firm/Company
8927 NW 146ter Address
City/State and Zip Code EFFECTIVE INSURANCE OF MAIL. COM E-mail address: (to be used for future annual report notification)
EFFECTIVEINSURANCE VMAIL. COM
For further information concerning this matter, please call:
ToseLuis Laurido at (305) 726-3109 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\$ \$60.00 Filing Fee, \$\$ \$6

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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT / TO ARTICLES OF ORGANIZATION OF

INSURANCE MATI	on LLC		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L110000438)4</u> .	were filed on 4/1/a	2 / // and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
FFECTIVE INSURANCE LLC. The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Company," (the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	78525W	24St Miami FL33156	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		TO THE TO ASSESS OF THE TOTAL PROPERTY OF TH	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Tice address on our r <u>e</u> :	ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Cit	, 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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am		e(s) here: (Attach additional sheets, if necessar ENAME ANH EMAIL NKS	A I
	Email is Effective in	ISUPANCED YMAIL-COM	THAY -4
Dated		T. FLORIBA	PH 2: 5%
	Josel	or authorized representative of a member OIS LAURICO or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00