

LI 000043 997

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 20 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2011

ANTOINETTE SANTE
PO BOX 773365
OCALA, FL 34474

SUBJECT: CORNERSTONE FIRST INSURANCE, LLC
Ref. Number: L11000043997

We have received your document for CORNERSTONE FIRST INSURANCE, 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.

The registered agent must sign accepting the designation.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 711A00014778

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORNERSTONE FIRST INSURANCE, 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:

ANTOINETTE SANTE

Name of Person

CORNERSTONE FIRST INSURANCE, LLC.

Firm/Company

PO BOX 773385

Address

OCALA, FL 34474

City/State and Zip Code

ANTYFLORIDA2001@YAHOO.COM

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

For further information concerning this matter, please call:

ANTOINETTE SANTE

Name of Person

at (**352**)

387-7286

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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**Already*

PAID

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CORNERSTONE FIRST INSURANCE, LLC.

(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 03/14/2011 and assigned
Florida document number L11000043997

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)

2303 SE FORT KING

OCALA, FL. 34470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 773365

OCALA, FL. 34474

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:

ANTOINETTE SANTE

New Registered Office Address:

2303 SE FORT KING

Enter Florida street address

OCALA, FL. 34470

Florida

City

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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>
<u>MGR</u>	<u>ANTOINETTE SANTE</u>	<u>2303 SE FORT KING</u> <u>OCALA, FL 34470</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

CHANGE PRINCIPAL ADDRESS, REGISTERED AGENT ADDRESS,

MANAGER / MEMBER DETAIL ADDRESS ONLY TO:

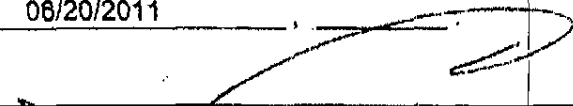
2303 SE FORT KING OCALA, FL. 34470

ADD TAX I.D. # 274843339

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated 06/20/2011


Signature of a member or authorized representative of a member
ANTOINETTE SANTE
Typed or printed name of signee