

L11000053938 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED  
11 OCT 28 PM 12:01  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 31 2011  
EXAMINER

**TO: Registration Section  
Division of Corporations**

SUBJECT: STATEWIDE LIFE AND HEALTH AGENCY 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:**

DIANA PALLADINO  
Name of Person

STATSWIDE LIFE AND HEALTH

1489 W. PALMITO PARK RD ST. 467  
Address

BOLA RATOR FL 33486  
City/State and Zip Code

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

**For further information concerning this matter, please call:**

DIANA PALLADINO at ( )  
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 Fee, 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

11 OCT 28 PM 12:01  
 SOUTH FLORIDA  
 TALLAHASSEE, FLORIDA

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

STATEWIDE LIFE AND HEALTH AGENCY 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 \_\_\_\_\_ and assigned Florida document number L 11 0000 53938.

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)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

DIANA PALLADINO

New Registered Office Address:

1489 W. PALMETTO PARK RD. STE. 467

Enter Florida street address

BOCA RATON

1

Florida

33486

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

**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THOMAS J. DONELLA	1489 W. PALMETTO PARK RD STE 467 BOCA RATON FL 33486	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DIANA PALLADINO	1489 W. PALMETTO PARK RD STE 467 BOCA RATON FL 33486	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DANIEL MIGNONE	1489 W. PALMETTO PARK RD STE 467 BOCA RATON FL 33486	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

11 OCT 28 PM 12:01

REC'D - CIVIL RIGHTS  
TALLAHASSEE, FLORIDA

Dated 10/17/11

**Dated**

10/17/11

Waller

Signature of a member or authorized representative of a member

DIANA PALLADINO

Typed or printed name of signee