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(Requestor's Name)	
(Address)	400237424
(Address)	40023142
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	07/26/1201014
(Business Entity Name)	
(Document Number)	A
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ALLAHASSEE. FLORIDA

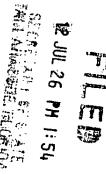
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9017.JUL 26 PM 1:51 SEERETARY OF SHATE



C. LEWIS

JUL 2 6 2012 EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: _ Co-	prehansive Name of Limit	Insurance Sa	eul ces		
	Name of Limit	ted Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	<u></u>	B. B.	eppy M. Rower		
•	,	Name of Person	ı		
.:					
		Firm/Company			
	5615 01	d Lloyd Road			
	•	-			
Monticello Fl 32344 City/State and Zip Code					
City/State and Zip Code					
	berry. P.	eeves @ yahoo. Co	DVV.		
	•		tion)		
For further information c	oncerning this matter, please c	all:			
Berry M	Reevo	at (SSD) 322-8 Area Code & Daytime T	412		
Name o	f Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JUL 26 PH 1:54

Comnehensive	e Tosulance	Seevice April	
(Name of the Limited Li, (A Fl	ability Company as it now apported Limited Liability Compar	pears on our records.)	
The Articles of Organization for this Limited Liabi	ility Company were filed on		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company	here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Co	mpany," the designation "LLC"-or the abbreviation	
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET	4DDRESS)		
		2	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address		
	City	, Florida Zip Code	
	Oily.	Diff Come	

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:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action** MGR ☐ Add Remove Add Remove Remove □Add $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Keels Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00