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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 AM 10:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STATEWIDE INSURANCE MARKETING LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 AM 10:05

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Ann Palladino

Name of Person

Statewide Insurance Marketing LLC

Firm/Company

1489 W. Palmetto Park Rd., Suite 467

Address

Boca Raton, FL 33486

City/State and Zip Code

wjreillyesq@gmail.com

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

For further information concerning this matter, please call:

William J. Reilly

Name of Person

at (561)

289-5063

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

P 3/4
 FILED STATE
 SECRETARY OF CORPORATIONS
 DIVISION OF CORPORATIONS
 11 AUG 22 AM 10:06

ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF

STATEWIDE INSURANCE MARKETING 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 July 12, 2011 and assigned
 Florida document number L11000080046.

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)

1489 W. Palmetto Park Rd.

Suite 467

Boca Raton, FL 33486

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:

New Registered Office Address:

Enter Florida street address

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 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

Title	Name	Address	Type of Action
MGRM	James Palladino	1489 W. Palmetto Park Rd. Suite 467 Boca Raton, FL 33486	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lauren Ann Palladino	1489 W. Palmetto Park Rd. Suite 467 Boca Raton, FL 33486	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Daniel Mignone	1489 W. Palmetto Park Rd. Suite 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

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

Dated August 17, 2011



Signature of a member or authorized representative of a member

Lauren Ann Palladino

Typed or printed name of signee