111000080046

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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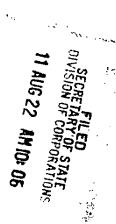
AUG 28 2011

EXAMINER



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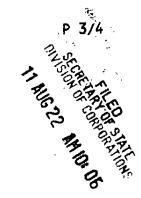
COVER LETTER

	OO VENTEET TEXT
TO: Registration S Division of Co	
SUBJECT:	STATEWIDE INSURANCE MARKETING LLC
	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corresp	pondence 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
	* 5 / * 00/00
м	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:
w	filliam J. Reilly at (_561) 289-5063
Name	of Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:
₹\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



STATEWIDE INSURAN	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on July 12, 2011 and assigned
Florida document numberL11000080046	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	1489 W. Palmetto Park Rd.
(Principal office address MUST BE A STREET ADDRESS)	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 or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

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:

MCK = K	anager
MGRM ==	Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	James Palladino	1489 W. Palmetto Park Rd. Suite 467 Boca Raton, FL 33486	Add Remove
MGRM	Lauren Ann Palladino	1489 W. Palmetto Park Rd. Suite 467 Boca Raton, FL 33486	Add Remove
MGRM	Daniel Mignone	1489 W. Palmetto Park Rd. Suite 467 Boca Raton, FL 33486	Add Remove
			Add Remove
			Add Remove
· .			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
Dated	August 17 ,	2011	
	La	per or authorized representative of a member auren Ann Palladino ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00