

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: InsScore Agency Services 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:

Elaine Hoffman
Name of Person
InsScore Agency Services LLC
Firm/Company
14524 Riverside Drive
Address
Fort Myers, FL 33905
City/State and Zip Code
elaine@leclubtarpon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Hoffman at (239) 694-6922
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 AUG 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INS SCORE AGENCY SERVICES 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 08/06/2012 and assigned
Florida document number L12000100510.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

InsScore Agency Services LLC

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:

Jason Smith

(Principal office address MUST BE A STREET ADDRESS)

14524 Riverside Drive

Fort Myers, FL 33905

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:

Gene R. Solomon

New Registered Office Address:

1342 Colonial Boulevard

Enter Florida street address

Fort Myers

Florida

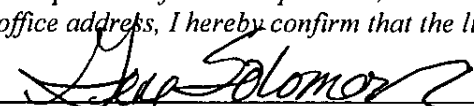
33907

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.


Gene R. Solomon
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>
MGR	Binns, Donald	14524 Riverside Drive Fort Myers FL 33905	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Smith, Jason	14524 Riverside Drive Fort Myers FL 33905	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 12 AUG 13 PM 1:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated August 8 2012



 Signature of a member or authorized representative of a member

Jason Smith

 Typed or printed name of signee