

2012-10-30 08:43:41  
L12000128679

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323) 962-8600  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG DESIGN  
LAW INSURANCE SOLUTIONS, PLLC

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Lanzie Wedderburn

3056246501

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: LAW INSURANCE SOLUTIONS, PLLC**  
(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:

Barbara Dang  
(Name of Person)Legalzoom.com, Inc.  
(Firm/Company)100 W. Broadway Suite 100  
(Address)Glendale, CA 91210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang at (323) 962-8600  
(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**FILED**  
12 OCT 30 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Lanzie Wedderburn

3056246501

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

**LAW INSURANCE SOLUTIONS, PLLC**

(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 10/09/2012 and assigned  
Florida document number L12000128679

This amendment is submitted to amend the following:

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

**LAW INSURANCE SOLUTIONS, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:**

Lanzie A. Wedderburn

**New Registered Office Address:**

6135 NW 186th Street, Apt 104

(Enter Florida street address)

Hialeah

(City)


Florida 33015

(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.*

Lanzie A. Wedderburn

  
(If Changing Registered Agent, Signature of New Registered Agent)

Lanzie Wedderburn

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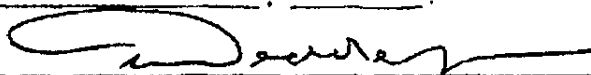
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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


Dated 10/29/2012



Signature of a member or authorized representative of a member

Lanzie A. Wedderburn

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

**FAX COVER SHEET****TO****COMPANY****FAX NUMBER** 18506176383**FROM** Tony Burroughs**DATE** 2012-10-30 06:46:27 PDT**RE** FL SOS - LZ order # 504972303**COVER MESSAGE**

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