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| PICK-UP                 | WAIT              | MAIL            |
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| Certified Copies        | _ Certificates    | s of Status     |
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| Special Instructions to | Filing Officer:   |                 |
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## **COVER LETTER**

| Division of Corp                               |  |   |  |
|--|--|---|--|
| SUBJECT: \(\frac{5t}{}\)                       | Place Insur  | cance, LLC ited Liability Company   |  |
| The enclosed Articles of                       | Amendment and fee(s) are sub   | mitted for filing.  |  |
| Please return all correspo                     | ndence concerning this matter  | to the following:   |  |
|  | Diana Co   | Seyme of Person :  Sey ance   L C Firm/Company  |  |
|  | 233 E. Cen   | ter Ave. Address  |  |
|  | Sebring, FL<br>diana_case  | City/State and Zip Code  George Los aftas con be used for future annual report notif                                      | · · · · · · · · · · · · · · · · · · ·  |
| For further information e                      | oncerning this matter, please ca   | all:  |  |
| Diana Cas<br>Name o                            | -eu<br>Perron  | at ( <u>863</u> ) <u>382 - 7</u><br>Area Code Daytime   | 2010<br>Telephone Number   |
| Enclosed is a check for the \$25.00 Filing Fee | ne following amount:  \$30.00 Filing Fee & Certificate of Status                 | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registr<br>Divisio<br>P.O. Bo                  | ING ADDRESS:<br>ation Section<br>n of Corporations<br>ox 6327<br>issee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corpor<br>Clifton Building<br>2661 Executive Ce<br>Tallahassee, FL 32 | n ations · · · · · · · · · · · · · · · · · · ·   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa<br>(A Florida Limited   |   |
|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number    L\300089000890000000000000000000000000000 | were filed on June 20,2013 and assigned                             |
| A. If amending name, enter the new name of the limited liab  | vility company here:  |
| The new name must be distinguishable and end with the words "Limited Lial  | oility 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)                             | 233 E. Center Ave.<br>Sebring FL 33870                              |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 233 E. Center Ave<br>Sebring, FL 33870                              |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her                | ffice address on our records, enter the name of the new             |
| Name of New Registered Agent:  | AHA APR   |
| New Registered Office Address:   | Enter Florida street address  Florida  City  City                   |
| New Registered Agent's Signature, if changing Registered Agent:  | 0AA   |

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Address Type of Action <u>Name</u> Annette Pointer 233 E. Center Ave. XAdd MGR. Sebring, FL 33670 Remove \_□ Add ☐ Remove □ Remove □ Add \_\_\_\_ □ Remove

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| eff  | tive date, if other than the date of filing: May 1, 2014 (optional) ective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after te this document is filed by the Florida Department of State) |
|      | April 8 . 2014.  |
| ted  |  |
| ited | Alignaure of a member or authorized representative of a member   |

Page 3 of 3

Filing Fee: \$25.00

