

L13000112135

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KATZ BASKIES LLC
Account Number : I200800C0071
Phone : (561) 910-5700
Fax Number : (561) 910-5701

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: justin.savioli@katzbaskies.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INSURANCE DEPOT OF AMERICA, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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D. BRUCE

3/14/2014

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: **INSURANCE DEPOT OF AMERICA, 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:

Will Allen

Name of Person

Firm/Company

2325 SW 105th Terrace

Address

Davie, FL 33324

City/State and Zip Code

willallen@insurancedepotamerica.com

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

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

For further information concerning this matter, please call:

Justin M. Savioli

Name of Person

at **561 910-5700**

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

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

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INSURANCE DEPOT OF AMERICA, 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 08/08/2003 and assigned
Florida document number L13000112135

This amendment is submitted to amend the following:

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

INSURANCE DEPOT OF AMERICA, 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:

(Principal office address MUST BE A STREET ADDRESS)

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:

Will Allen

New Registered Office Address:

2325 SW 105th Terrace

Enter Florida street address

Davie

City

, Florida 33324

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 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 H14000062766 3
Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGRM	Victor Harvey	653 Spinnaker	<input type="checkbox"/> Add
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		Weston, FL 33226	<input checked="" type="checkbox"/> Remove
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MGRM	Will Allen	2325 SW 105th Terrace	<input checked="" type="checkbox"/> Add
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		Davie, FL 33324	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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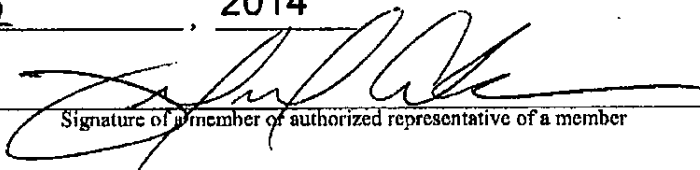
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* H14000062766 3

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 12, 2014



Signature of a member or authorized representative of a member

Will Allen

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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