L13000148573

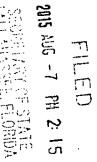
(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		esign Strategies, LLC		
SUBJECT,		Name of Limi	ted Liability Company	
The enclosed	l Articles of <i>i</i>	Amendment and fee(s) are sub	nitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Angus M Stephens		
			Name of Person	
		Insurance Design Strategie	s, LLC	
			Firm/Company	
		3270 Suntree Blvd, Suite 1	103	
			Address	
		Melbourne, FL 32940		
			City/State and Zip Code	
		angus@ins-designstrategies		
		E-mail address: (t	o be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	ill:	
Angus M. S	tephens		321 3458060 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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 2015 AUG -7 PM 2: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Insurance Design Strategies, LLC.			
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our : Liability Company)	records.)
The Articles of Organization for this Limited Lia	bility Company	were filed on 10/22/2013	and assigned
Florida document number L13000148573	·		
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
Financial Design Strategies, LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	3270 Suntree Blvd	
(Principal office address MUST BE A STREET ADDRESS)		Suite 1103	
		Melbourne, FL 32940	
Enter new mailing address, if applicable:		3270 Suntree Blvd	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 1103	
		Melbourne, FL 32940	11.1, 2.11
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address her	<u>e</u> :	ecords, enter the name of the new
Name of New Registered Agent:	Angus M. Stephens		
New Registered Office Address:	3270 Suntree B		
		Enter Florida street	address
	Melbourne		_, Florida <u>32940</u>
		City	Zip Code
New Registered Agent's Signature, if changing Ro	egistered 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
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Note: I	ve date, if other than the date of filing:	505.0207 (3)(b) isted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	rlier of:
Dated _	7-31-15	
	Signature of a member or authorized representative of a member	
	Angus M. Stephens	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00