

L4000108989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

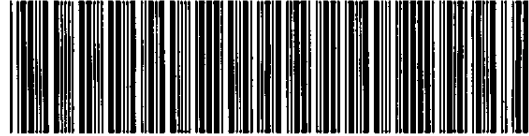
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/22/14--01020--019 **25.00

2014 DEC 22 PM 4:14
CLERK OF STATE
TALLAHASSEE FL 32399

FILED

DEC 31 2014
J. BRUCE

American Insurance Group, llc.
100 West Lucerne Circle
Orlando, Florida 32808

October 28, 2014

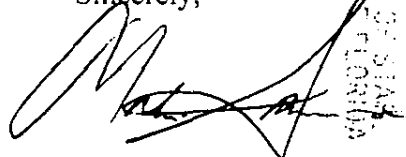
Ali Nickooii
1803 Barker Drive
Winter Park, FL 32789

RE: American Insurance Group, llc.

Dear Mr. Ali Nickooii:

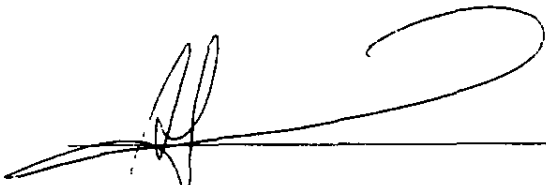
The purpose of this letter is to confirm that you are **no longer** a managing member of American Insurance Group, llc. and that you have resigned from such duties and responsibilities as managing member. In that regard, you also have no financial claim against any monies earned and/or future earnings of America Insurance Group, llc. As such, you are hereby release from any liabilities of America Insurance Group, llc. has or will incur. Your signature at the bottom of this letter confirms your understanding of the contents of this letter.

Sincerely,



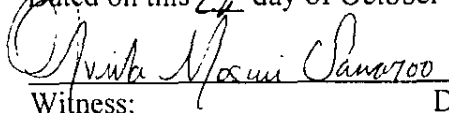
Mahendra Samaroo,
on behalf of
American Insurance Group, llc.

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FILED
10/23/2014



Ali Nickooii

Dated on this 29 day of October 2014

 10/28/14
Witness: _____ Date

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: America Insurance Group, 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:

Mahendra R. Samaroo

Name of Person

America Insurance Group, llc

Firm/Company

100 W Lucerne Circle 200-H

Address

Orlando, FL 32801

City/State and Zip Code

AMERICAINSURANCEGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

MAHENDRA SAMAROO

321

697-2904

at ()

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

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2014 DEC 22 PM 4:14
TALLAHASSEE FLORIDA

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

AMERICA INSURANCE GROUP, 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 07/09/2014 and assigned
Florida document number L14000108989.

This amendment is submitted to amend the following:

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

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)

385 CENTERPOINTE CIRCLE SUITE 1333
ALTAMONTE SPRINGS, FL 32701

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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TALLAHASSEE FLORIDA
CLERK OF CIRCUIT COURT

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALI NICKOOII	1803 BARKER DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32789	<input checked="" type="checkbox"/> Remove
MGR	MICHAEL SAMAROO	11312 SHANDON PARK WAY	<input checked="" type="checkbox"/> Add
		WINDERMERE FL 34787	<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

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20 DEC 22 PM 4:18
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ALABAMA
MONTGOMERY

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

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 DECEMBER 13 2014



Signature of a member or authorized representative of a member

MAHENDRA R SAMAROO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA