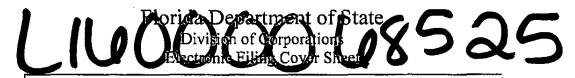
Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000169894 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone

: (904)356-2600

Fax Number

: (904)355-0233

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLIANCE INSURANCE INVESTMENTS, LLC

Certificate of Status	0
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9043550233

03:00:55 p.m. 07-14-2016

H160001698943

COVER LETTER

	istration Section Section of Corp			•
SUBJECT:	Alliance Insu	rance Investments, LLC		
JOBGECT,		Name of Limite	d Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are submi	itted for filing.	
Please return	all correspon	dence concerning this matter to	the following:	
		Marvin Kloeppel		
			Name of Person	
		Fisher, Tousey, Leas & Ball,	, P.A.	
			Flrm/Company	
	501 Riverside Avenue, Suite 600			
			Address	
		Jacksonville, Florida 32202		
			City/State and Zip Code	
		tlv@fishertousey.com		
		E-mail address: (to	be used for future annual report notifi	.cation)
For further	information co	oncerning this matter, please cal	1:	
Marvin Klo	seppel		904 356-2600 at ()	
<u>, , , , , , , , , , , , , , , , , , , </u>	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Fiting 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)

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

9043550233

Fisher, Tousey, Leas, Ball

03:01:06 p.m.

07-14-2016

3/5 H160001698943

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

Alliance Insurance Investments, LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears of Liability Company)	on our records.)	 	
The Articles of Organization for this Limited Liability Compan	y were filed on Apri	17, 2016	and assi	gned
Florida document number L16000068525				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :		
Alliance Insurance Investments II, LLC				
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the des	ignation "LLC" or the i	abbreviation "L.I	C."
Enter new principal offices address, if applicable:			AU S	
(Principal office address MUST BE A STREET ADDRESS)				7
			X	
	<u></u>		· · · · · · · · · · · · · · · · · · ·	s myth si
Enter new mailing address, if applicable:			西口 墨	1
- · · · · · · · · · · · · · · · · · · ·			<u> </u>	Shaper P
(Mailing address MAY BE A POST OFFICE BOX)			10 m	
			- 3	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on ere:	our records, ente	r the name	of the new
New Registered Office Address:				
	Enter Flori	da street address		
		, Florida _		
	City		Zip Cade	
New Registered Agent's Signature, if changing Registered Ager	<u>1t:</u>			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of i is provided for in C	my duties, and I an hapter 605, F.S. O	n familiar wit r, if this doci	h and ment is

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		H16000169894 3	
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
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		Approximation and the second s	□ Remove
			□ Change

550233 Fisher, Tousey, Leas, Ball 03:01:28 p.m. The summaning may other information, enter change(s) here: (Attach additional sheets, if necessary)	. 07-14-2016 es H16UUU169894
	
	Na -
	······································
E. Effective date, if other than the date of filing:	er filing.) Pursuant to 605.020
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the earlier o
Dated 7/13/2016.	16 JUL SECIKLI TALLAHI
I National - I Alle a Last	- - -
Signature of a member or authorized representative of a member Marvin Kloeppel, Authorized Representative	ASSE AND CO

Page 3 of 3

Filing Fee: \$25.00