Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000172113 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number: I19990000021

: (904)356-2600

Fax Number

: (904)355-0233

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

Email	Address:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLIANCE INSURANCE INVESTMENTS II, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

Fisher, Tousey, Leas, Ball

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11:22:21 a.m. 07-18-2016 H16000172113

COVER LETTER

	gistration Sec /ision of Corp			
SUBJECT:	Alliance Inst	urance Investments II, LLC		
		Name of Limit	ed Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return	n all correspor	ndence concerning this matter to	o the following:	
		Marvin Kloeppel		
			Name of Person	
		Fisher, Tousey, Leas & Bal	l, P.A.	
Firm/Company				
		501 Riverside Avenue, Suit	e 600	
			Address	
		Jacksonville, Florida 32202	!	
			City/State and Zip Code	
		tlv@fishertousey.com		
		E-mail address: (to	o be used for future annual report notific	ation)
For further	information co	oncerning this matter, please ca	11:	
Marvin Kle			904 356-2600 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

11:22:31 a.m.

07-18-2016 1110000172113 3 /5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Attracte insurance investments it, DDC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L16000068525</u>	npany were filed on April 7, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Alliance Insurance Investments, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		nter the name of the ne
	——————————————————————————————————————	\$\$\$\$ - 6
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>වැ.</u> එ <u>(</u>
		17 10 10 10 10 10 10 10 10 10 10 10 10 10
	City , Florid	Ia

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

3550233 Lumenting	Authorized Person(s) authoriz	zed to manage, <u>enter the title, name</u>	11:22:46 a.m. 07–18–2016 4 e, and address of each person being ad
r removed	from our records:		H16000172113
MGR = M MBR = A	anager uthorized Member		
<u> </u>	Name	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
***************************************			□ Add
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			SS CD Add
			Remove
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			□ Remove
			☐ Change

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D. If	famending any other information, enter change(s) here: (Attac	h additional sheets, if necessar	25.
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		300 300	2,500 - 77
		m c	
E. E	Effective date, if other than the date of filing:	(ontična	i) I
-	If an effective date is listed, the date must be specific and cannot be prior to date on Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	attling or more than 90 days alteritual utory filing requirements, this da	ig.) Pursuant to 605.0207 le will not be listed as
	he record specifies a delayed effective date, but not an effective date date, but not an effective date date, but not an effective date date date date date date date dat	fective time, at 12:01 a.m	i. on the earlier of
,	Dated 7/13/2016.		
•	Warra C. Clary		
	Signature of a midmber or authorized re	presentative of a member	
	Marvin Kloeppel, Authorized Representative		

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Typed or printed name of signee

Filing Fee: \$25.00