

M0300001891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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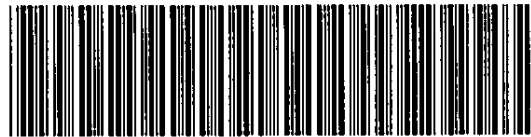
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
10 JAN 21 PM 4:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JAN 22 2010
EXAMINER

FILED
10 JAN 21 AM 8:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 250883 167868A

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 21 AM 8:10

Spuddean

ORDER DATE : January 14, 2010

ORDER TIME : 3:43 PM

ORDER NO. : 250883-025

CUSTOMER NO: 167868A

FOREIGN FILINGS

NAME: WS INSURANCE SERVICES, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: WS Insurance Services, LLC
2. Jurisdiction of its organization: Virginia
3. Date authorized to do business in Florida: 6/11/2003

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SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

Wells Fargo Advisors Insurance Agency, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Beverly W. Jackson, AVP, Member

Typed or printed name of signee

Filing Fee: \$25.00

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to Wells Fargo Advisors Insurance Agency, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of June 01, 2003.

As of the date below, this certificate of organization is in effect and the company is current in the payment of all annual registration fees assessed against it by the Commission.

As of the date below, articles of cancellation have not been filed in this office by Wells Fargo Advisors Insurance Agency, LLC, a Virginia limited liability company.

The name of WS Insurance Services, LLC was changed to Wells Fargo Advisors Insurance Agency, LLC pursuant to a certificate of amendment issued by the Commission effective as of December 3, 2009.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
January 19, 2010*

Joel H. Peck

Joel H. Peck, Clerk of the Commission