M04 000004874

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900149087029

04/08/09--01020--010 **25.00

2009 APR 16 PH 2: 15
SECRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE

APR 2 7 2009

EXAMINER

my 4th

COVER LETTER

orations				
e First Financial of	Venice, LLC		n	
mendment and fee(s) are sub	omitted for filing.			
dence concerning this matter	to the following:			
	•			
Sharon Owens				
	(Name of Person)			
AmeriLife Group LLC				
	(Firm/Company)			
2536 Countryside Blvd. 6		·		
	(Address)			
Clearwater, FL 33763			2099 SEC 7AL1	
	(City/State and Zip Code)		杂音	
			ASS	-
ncerning this matter, please c	all:		m~	
	at (727 \ 726-0726		H 2: FLO	C
Person)	(Area Code & Daytime T	elephone Number)		
			>	
following amount:				
□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Co	f Status & py	
	e First Financial of (Name of Lim mendment and fee(s) are sub dence concerning this matter Sharon Owens AmeriLife Group LLC 2536 Countryside Blvd. 6 Clearwater, FL 33763 Incerning this matter, please of Person) following amount:	Person) Person Person Clearwater, FL 33763 Clearwater, FL 33763 Clearwater, please call: at (727) 726-0726 Person) Area Code & Daytime T following amount: \$\mathrm{Q}\$\$30.00 Filing Fee & Certificate of Status}{\mathrm{Q}\$\$}\$\$ Clearwater & Certified Copy	e First Financial of Venice, LLC (Name of Limited Liability Company) mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Sharon Owens (Name of Person) AmeriLife Group LLC (Firm/Company) 2536 Countryside Blvd. 6th floor (Address) Clearwater, FL 33763 (City/State and Zip Code) meerning this matter, please call: at (727) 726-0726 Person) (Area Code & Daytime Telephone Number) following amount: \$\Pi\$30.00 Filing Fee & \$\Pi\$55.00 Filing Fee & \$\Pi\$60.00 Filing Fee & \$\Pi\$60.00 Filing Certificate of Certificate Oo (additional copy is enclosed)	The First Financial of Venice, LLC (Name of Limited Liability Company) mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Sharon Owens (Name of Person) AmeriLife Group LLC (Firm/Company) 2536 Countryside Blvd. 6th floor (Address) Clearwater, FL 33763 (City/State and Zip Code) At (727) 726-0726 (Area Code & Daytime Telephone Number) following amount: \$\int_{330.00}^{430}\$ Filing Fee & Certificate of Status & Certified Copy \$\int_{350.00}^{430}\$ Filing Fee, Certificate of Status & Certified Copy \$\int_{350.00}^{430}\$ Filing Fee, Certificate of Status & Certificate o

TO: Registration Section

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

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: Interstate First Financial of Venice, LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 11/09/2004
	SECTION II (4-7 complete only the applicable changes)
4.	SECTION II (4-7 complete only the applicable changes) If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 02/25/2009
5.	New name of the limited liability company: AmeriLife First Financial of Venice, LLC (must end with "Limited Liability Company," "L.L.C.," or "H.C.")
Èl th	f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "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 amember or the authorized representative of a member
	Timothy O North
	Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "INTERSTATE FIRST

FINANCIAL OF VENICE, L.L.C.", CHANGING ITS NAME FROM "INTERSTATE

FIRST FINANCIAL OF VENICE, L.L.C." TO "AMERILIFE FIRST FINANCIAL

OF VENICE, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH

DAY OF FEBRUARY, A.D. 2009, AT 12:25 O'CLOCK P.M.

3844511 8100

090354293

AUTHENTICATION: 7240751

DATE: 04-13-09

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF

INTERSTATE FIRST FINANCIAL OF VENICE, L.L.C.

- 1. The name of the limited liability company is INTERSTATE FIRST FINANCIAL OF VENICE, L.L.C.
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:

ARTICLE FIRST: THE NAME OF THE LIMITED LIABILITY COMPANY IS

AmeriLife First Financial of Venice, L.L.C.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 25th day of February, 2009.

Authorized Person(s)

Print/Type Name