

MD6 00000 3282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

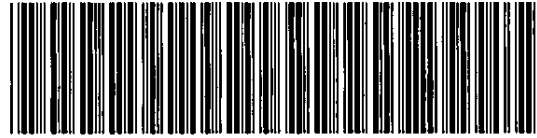
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/08/09--01020--015 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

APR 27 2009

EXAMINER

MD6-3282

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Interstate First Financial of Martin County, 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:

Sharon Owens

(Name of Person)

AmeriLife Group LLC

(Firm/Company)

2536 Countryside Blvd. 6th floor

(Address)

Clearwater, FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Owens

(Name of Person)

at ( 727 ) 726-0726

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 Martin County, 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. 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 Martin County, LLC  
(must end with "Limited Liability Company," "L.L.C.," "LLC," or "LLP.")

(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.," "LLC," or "LLP.")

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

Timothy O North

Typed or printed name of signee

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA

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# Delaware

PAGE 1

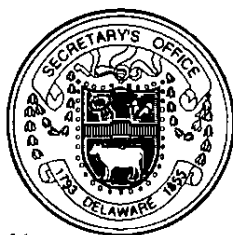
*The First State*

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 MARTIN COUNTY, L.L.C.", CHANGING ITS NAME FROM "INTERSTATE FIRST FINANCIAL OF MARTIN COUNTY, L.L.C." TO "AMERILIFE FIRST FINANCIAL OF MARTIN COUNTY, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2009, AT 12:26 O'CLOCK P.M.

4159599 8100

090354638

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7240941

DATE: 04-13-09

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF**

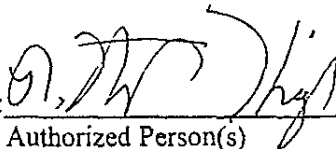
**INTERSTATE FIRST FINANCIAL OF MARTIN COUNTY, L.L.C.**

1. The name of the limited liability company is  
**INTERSTATE FIRST FINANCIAL OF MARTIN COUNTY, 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 Martin County, L.L.C.

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

By:   
Authorized Person(s)

Name: R. NATHAN HIGHTOWER  
Print/Type Name