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2009 APR 16 PM 2: 07
SECRETARY OF STATE
TALLAHASSEE.FLORIDA

T. CLINE

APR 2 7 2009

EXAMINER

mole 3431

COVER LETTER

, TO: Registration S Division of Co	ection rporations	• •			
SUBJECT: Intersta	ate First Financial of			•	
	(Name of Lim	ited Liability Company)			
The enclosed Articles of	`Amendment and fee(s) are sub	emitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Sharon Owens				
		(Name of Person)			
	AmeriLife Group LLC				
	•	(Firm/Company)	_		
	2536 Countryside Blvd. 6	6th floor			
		(Address)			
	Clearwater, FL 33763				
		(City/State and Zip Code)		75 Z	
For further information of	concerning this matter, please c	all:		2009 APR 16 SECRETARY TALLAHASSI	TILED
Sharon Owens		at (727) 726-0726		SSE SSE	T
(Name Enclosed is a check for t	of Person) he following amount:	(Area Code & Daytime T	elephone Number)	Y OF STATE SEE, FLORIDA	C
\$25.00 Filing Fee \$25.00 Filing	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate of Certified Co (additional co	f Status &	

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

TICE

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 Lake 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)	
	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 Lake County, LLC (must end with "Limited Liability Company," "L.L.C.," of "LLC." finance unavailable, enter alternate name adopted for the purpose of transacting business of	med
Èl- the	orida and attach a copy of the written consent of the managers or managing members adopting a laternate name. The alternate name must end with "Limited Liability Company," "L.L."." "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 number or the authorized representative of a member	:
	Timothy O North	
	Typed or printed name of signee	

Filing Fee: \$25.00

Délaware

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 LAKE COUNTY, L.L.C.", CHANGING ITS NAME FROM

"INTERSTATE FIRST FINANCIAL OF LAKE COUNTY, L.L.C." TO

"AMERILIFE FIRST FINANCIAL OF LAKE COUNTY, L.L.C.", FILED IN

THIS OFFICE ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2009, AT

12:21 O'CLOCK P.M.

4159597 8100

090354630

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 7242570\)

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 LAKE COUNTY, L.L.C.

- 1. The name of the limited liability company is
 INTERSTATE FIRST FINANCIAL OF LAKE 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 Lake County, L.L.C.

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

Authorized Person(s)

Name: R. NATUAN HISLIT.

Print/Type Name