

MO70000001571

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 26 2009

EXAMINER

MO7-1571

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLUTIONS Human Resources, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Hardy
Name of Person

SOLUTIONS Insurance Services, LLC
Firm/Company

300 E Oakland Park Blvd, #308
Address

Fort Lauderdale, FL 33334
City/State and Zip Code

ghardy@solutionshr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Hardy at (954) 839-6375
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: SOLUTIONS Human Resources, LLC
2. Jurisdiction of its organization: State of Delaware
3. Date authorized to do business in Florida: March 15, 2007

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? 05/12/09
5. New name of the limited liability company: SOLUTIONS Insurance Services, LLC
(must end with "Limited Liability Company," "L.L.C.," "LLC," or "LLC.")

SOLUTIONS Insurance, LLC

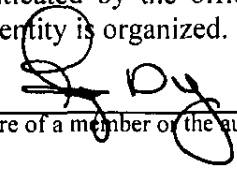
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "LLC.")

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

Gregory D Hardy

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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 "SOLUTIONS HUMAN RESOURCES, LLC", CHANGING ITS NAME FROM "SOLUTIONS HUMAN RESOURCES, LLC" TO "SOLUTIONS INSURANCE SERVICES, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2009, AT 12 O'CLOCK P.M.

4272516 8100

090397247

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7296627

DATE: 05-12-09


State of Delaware
Secretary of State
Division of Corporations
Delivered 12:00 PM 04/24/2009
FILED 12:00 PM 04/24/2009
SRV 090397247 - 4272516 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: SOLUTIONS Human Resources, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name is officially changed to SOLUTIONS Insurance Services, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 21st day of April, A.D. 2009.

By: 
Authorized Person(s)

Name: Gregory D. Hardy

Print or Type