# M0700006067

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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04/08/09--01020--006 \*\*25.00

T. CLINE

APR 2.7 2009

**EXAMINER** 

SECRETARY OF STATE ALLAHASSEE, FLORIDA

### **COVER LETTER**

| TO: Registration Sec<br>Division of Corp | etion<br>porations   |   |  |
|--|--|---|--|
| subject: Interstat                       | <b>D</b>   |   |  |
|  |  |   |  |
| The enclosed Articles of A               | Amendment and fee(s) are sub   | omitted for filing.   |  |
| Please return all correspon              | ndence concerning this matter  | to the following:   |  |
|  |  |   |  |
|  | Sharon Owens   | (Name of Person)  | <del></del>  |
|  |  | ,   | •  |
|  | AmeriLife Group LLC  | (Firm/Company)  |  |
|  |  | (Гиписопірану)  |  |
|  | 2536 Countryside Blvd. 6   |   | <del></del>  |
|  |  | (Address)   |  |
|  | Clearwater, FL 33763   |   |  |
|  |  | (City/State and Zip Code)   |  |
| For further information co               | oncerning this matter, please c  | all:  |  |
|  |  |   |  |
| Sharon Owens at (at (                    |  | at ( 727 ) 726-0726  (Area Code & Daytime Tele  | phone Number)  |
| (ume o                                   | 110.30%  | ( 1104 0040 42 24) 11110 1010   | production of the control of the con |
| Enclosed is a check for th               | e following amount:  |   |  |
| ☑ \$25.00 Filing Fee                     | □\$30.00 Filing Fee & Certificate of Status                                    | Certified Copy (additional copy is enclosed)  | Certificate of Status & Certified Copy (additional copy) (ADDRESS:   |
| Registra<br>Divisio<br>P.O. Bo           | NG ADDRESS:<br>ation Section<br>n of Corporations<br>ax 6327<br>ssee, FL 32314 | STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | PH 2:  E.FLOR  |

## 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 Hernando 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 Hernando County, LLC (must end with "Limited Liability Company, " "L.L.C.," or "LLC.")  |     |
| Èl-<br>the | f name unavailable, enter alternate name adopted for the purpose of transacting business in dorida and attach a copy of the written consent of the managers or managing members adopting be 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:   | 7   |
| 9.         | Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records in the garisdiction under the law of which this entity is organized.  Signature of a nember of the authorized representative of a member | ion |
|            | 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 HERNANDO COUNTY, L.L.C.", CHANGING ITS NAME FROM

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

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

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

10:10 O'CLOCK A.M.

4434055 8100

090354617

Jeffrey W. Bullock, Secretary of State **AUTHENTYCATION:** 7240790

DATE: 04-13-09

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

#### CERTIFICATE OF AMENDMENT

#### 0.63

INTERSTATE FIRST FINANCIAL OF HERNANDO COUNTY, L.L.C.

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

FIRST: The name of this Limited Liability Company is

AmeriLife First Financial of Hernando County, L.L.C.

3. The Certificate of Formation of the limited liability company is hereby amended as follows

SECOND. The address of the Company's registered office in the State of Delaware is 3511 Silverside Road, Suite 105, Wilmington, Delaware USA 19810. The name of the registered agent as such address for service of process is DELAWARE REGISTRY, LTD.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of INTERSTATE FIRST FINANCIAL OF HERNANDO COUNTY, L.L.C. this 25th day of February, 2009.

Authorized Person

Print/Tune Name