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

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APR 2 7 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Intersta	ate First Financial of	Citrus County, LLC			3
	Amendment and fee(s) are sub	mitted for filing.			
	Sharon Owens				
		(Name of Person)			
	AmeriLife Group LLC				
		(Firm/Company)			
	2536 Countryside Blvd. 6	Sth floor			
		(Address)		-1 P	
	Clearwater, FL 33763			OB AI	4000
		(City/State and Zip Code)		HAN THE	, "
For further information	concerning this matter, please c	all:		2009 APR 16 PM 2: 17 SECRETARY OF STATE TALLAHASSEE, FLORID	T F
Sharon Owens	of Person)	at (727) 726-0726 (Area Code & Daytime T	elenhane Number)	2: 17 STATE LORNID	
(14anne	01 1 013011)	(Alea Code & Dayline 1	erephone rumoer)	P	
Enclosed is a check for t	he following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	l)

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

TIME

' 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)

Name of limited liability company as it appears on the records of the Florida Department of State: Interstate First Financial of Citrus 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)
1. 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 Citrus County FLC (must end with "Limited Liability Company, " "L.L.C.," of APP.C.")
If name unavailable, enter alternate name adopted for the purpose of transacting business the Florida and attach a copy of the written consent of the managers or managing members adopting he alternate name. The alternate name must end with "Limited Liability Company," "L.L. pr "LLC.")
5. 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:
3. If the amendment corrects any false statement, indicate the statement being corrected and the correction:
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
i you of printed hand of signed

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

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

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

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

10:04 O'CLOCK A.M.

4434044 8100

090354608

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 7240772

DATE: 04-13-09

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

CERTIFICATE OF AMENDMENT

OF

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

- The name of the limited liability company is INTERSTATE FIRST FINANCIAL OF CITRUS 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 Citrus 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 CITRUS COUNTY, L.L.C. this 25th day of February, 2009.

Authorized Person

R. WATHON HIGHTOWER

Print/Type Name