M08000004681

(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:

L. SELLERS

OCT 16 2009

EXAMINER

Office Use Only

700161685707

10/15/09--01030--004 **25.00

FILED

09 OCT 15 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

INSURANCE LICENSING
SERVICES OF AMERICA

111 N. Railroad St.
P.O. Box 390
Groesbeck, TX 76642
tel: 254.729.8002
licensing4insurance.com

October 12, 2009 Region Code 832

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
832, 832 32301

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **EI Insurance Advisors, LLC**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #102721 $ 25.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Traci Houston

Traci Houston
Licensing and Compliance
PO Box 390
111 N. Railroad
Groesbeck, TX 76642
Ph: 254*729*6157
Fax: 254*729*8069
thouston@ilsainc.com

L0250

COVER LETTER

832/FL/TRH

263336117

TO: Registration Section
Division of Corporations

SUBJECT: Fransurance, 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:

Traci Houston
(Name of Person)

ILSA
(Firm/Company)

P.O Box 390
(Address)

Groesbeck,TX 76642
(City/State and Zip Code)

For further information concerning this matter, please call:

Traci Houston at (254) 729-6157
(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

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: Fransurance, LLC

2. Jurisdiction of its organization: MN

3. Date authorized to do business in Florida: 10/20/2008

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? _____

5. New name of the limited liability company: EI Insurance Advisors, LLC
(must end with "Limited Liability Company," "L.L.C.," or "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.

Alison Hamre
Signature of a member or the authorized representative of a member

Alison Hamre
Typed or printed name of signee

Filing Fee: $25.00

FILED
09 OCT 15 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2994977-3 LLC-CN

34561800002

ARTICLES OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF
FRANSURANCE, LLC

The undersigned, Charles Runyon, the Chief Manager of FRANSURANCE, LLC, a Minnesota limited liability company (the "Company"), does hereby certify that by Minutes of Action of the sole member of the Board of Governors effective the 14th day of August, 2009, pursuant to Minnesota Statutes, Section 322B.656, the Board of Governors of the Company assented to and adopted the resolutions hereinafter set forth:

Resolutions Amending Articles of Organization

WHEREAS, it is in the best interests of the Company to amend its Articles of Organization as set forth herein;

NOW, THEREFORE, IT IS HEREBY

RESOLVED, that the undersigned, being the sole member of the Board of Governors of the Company, does hereby consent to amending the Articles of Organization as follows:

"ARTICLE I

The name of the Company is EI Insurance Advisors, LLC"

FURTHER RESOLVED, that the Chief Manager of the Company is hereby authorized and directed to execute Amendment of Articles of Organization attesting to the adoption of the foregoing amendment and to cause such Amendment of Articles of Organization to be filed in the office of the Secretary of State of the State of Minnesota.

Charles Runyon, Chief Manager

1267499.2

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
AUG 17 2009
Mark Ritchie
Secretary of State

FILED
09 OCT 15 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA