

P020000120538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

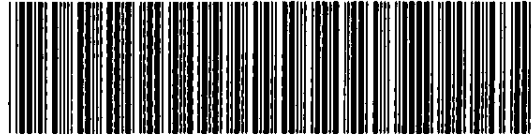
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

01/06/11--01008--018 **35.00

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2011 JAN -6 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ad
1/7/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Community Multi-Line Insurance Inc.

DOCUMENT NUMBER: PO2000120538

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Lariviere

Name of Contact Person

Community Multi-Line Insurance Inc.

Firm/ Company

1456 Lee Blvd

Address

Lehigh Acres FL 33934

City/ State and Zip Code

greatflorida.ca@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Lariviere

Name of Contact Person

at (239) 633 0561

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



1456 Lee Blvd
Lehigh Acres, FL 33936
Ph 239.369.0014
Fax 239.369.0988
greatfloridala@earthlink.net

January 3, 2011

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

The attached documents include the Articles of Amendment to Articles of incorporation of Community Multi-Line Insurance Inc. (P02000120538). The information listed is correct with regards to the removal of John Jay Carter as well as adding the names of Brian Lariviere and Marcie DeLoreto. Please let us know if you need any additional information.

Sincerely,



Brian Lariviere

Articles of Amendment
to
Articles of Incorporation
of

FILED

2011 JAN -6 PM 4:23

Community Multi-Line Insurance Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P02000120538

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

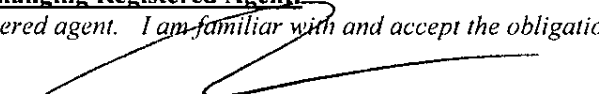
Name of New Registered Agent: Brian Lariviere

New Registered Office Address: 1456 Lee Blvd
(Florida street address)

Lehigh Acres FL, Florida 33934
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PSTD	John Jay Carter	1456 Lee Blvd Lehigh Acres Fl 33936	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
President	Brian Lariviere	1456 Lee Blvd Lehigh Acres Fl 33936	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President	Marcie DeLoreto	1456 Lee Blvd Lehigh Acres Fl 33936	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 11/11/10
(date of adoption is required)

Effective date if applicable: 11/11/10
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1/3/10

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Brian Lariviere
(Typed or printed name of person signing)

President
(Title of person signing)