

LO3000021877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

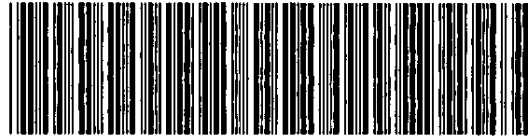
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 MAY 30 PM 12:25
TALLAHASSEE FLORIDA

MAY 31 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDING INSURANCE GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTI A KNIGHT
Name of Person
LANDING INSURANCE GROUP, LLC
Firm/Company
1722 NW 81ST AVENUE
Address
CORAL SPRINGS, FL 33071
City/State and Zip Code
KRISTI@LANDINGGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTI A KNIGHT at (954) 543-4199
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LANDING INSURANCE GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 27, 2003 and assigned Florida document number L03000021877.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2019 MAY 30 PM 12:55
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

MALLAHUSSEE FLORIDA
2019 MAY 30 PM 2:25
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending ownership percentages of Managers

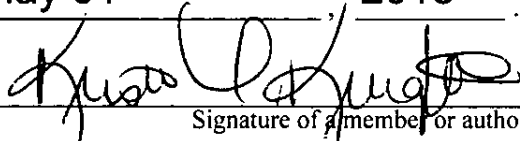
Patrick W. Sandner - 70%

Kristi A Knight - 15%

Mitzi B Thompson - 15%

Amending Article VI (3) - See Below

Dated May 01, 2013



Signature of a member or authorized representative of a member

KRISTI A KNIGHT, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

ARTICLE VI – DISSOLUTION AND MEMBERS RIGHTS TO CONTINUE BUSINESS

(3) Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member in this company or the occurrence of any other event which terminates the continued membership of a member in this company. The remaining member(s) of **LANDING INSURANCE GROUP, LLC** shall have the right to continue the business by the unanimous written agreement of all parties.

FILED
MAY 10 2013 PM 12:25
STATE OF FLORIDA