

LD3000012900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

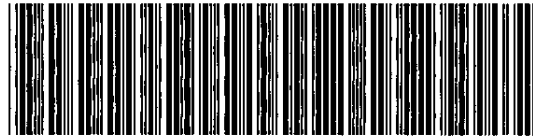
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SATURN INSURANCE & FINANCIAL SERVICES, 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:

**BRUNEL THEUS**

(Name of Person)

**SATURN INSURANCE & FINANCIAL SERVICES, LLC**

(Firm/Company)

**5349 N STATE RD 7**

(Address)

**TAMARAC, FL 33319**

(City/State and Zip Code)

For further information concerning this matter, please call:

**BRUNEL THEUS**

(Name of Person)

at ( **954** ) **709-1407**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$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**

**SATURN INSURANCE & FINANCIAL SERVICES, LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 04/09/2003 and assigned  
document number L03000012900.

**SECOND:** This amendment is submitted to amend the following:

HUBERT LEANDRE OF 8303 NW 35 ST, CORAL SPRINGS, FL 33065 IS ADDED AS MANAGER/MEMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

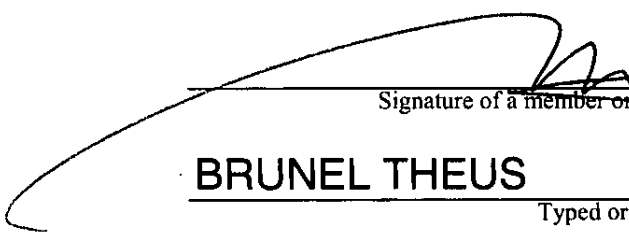
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated AUGUST 20, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**BRUNEL THEUS**

\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Filing Fee: \$25.00