L05000054473

(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:

Office Use Only

300256846453

02/18/14--01052--004 **25.00

FILED
14 APR 29 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. GIBSON MAY 06 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2014

STEVEN EISENBERG, ESQ
2 S BISCAYNE BLVD #3800
MIAMI, FL 33131

SUBJECT: SPALDING INSURANCE GROUP, LLC
Ref. Number: L05000054433

We have received your document for SPALDING INSURANCE GROUP, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00003791

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: L. Jag Financial, 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:

Steven E. Eisenberg, Esq.
Name of Person

Lipscomb, Eisenberg & Baker
Firm/Company

2 S. Biscayne Blvd. #3800
Address

Miami, FL 33131
City/State and Zip Code

lcspalding33@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Eisenberg, Esq. at (786) 431-2327
Name of Person — Area Code — Daytime Telephone Number

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

LIPSCOMB,
EISENBERG
& BAKER, PL.

Reply to:
STEVEN E. EISENBERG
seisenberg@lebfirm.com

March 19, 2014

Via US Mail

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL. 32314
Attn: Justin Shivers

Re: Articles of Amendment to Articles of Organization
Spalding Insurance Group, LLC.

Dear Mr. Shivers:

This firm represents L. Jag Financial, LLC. Enclosed please find the Articles of Amendment to Articles of Organization of L. Jag Financial, LLC to Spalding Group Insurance, LLC. My client recently dissolved her company Spalding Insurance Group, PL. This letter shall serve as notice that my client will not revoke the dissolution of the recently revoked Spalding Insurance Group, PL.

Thank you for your attention to this matter. Please feel free to contact me if any further information is required.

Very truly yours,

LIPSCOMB, EISENBERG & BAKER, PL

By _____
Steven E. Eisenberg, Esq.

FILED
14 APR 29 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cc: Lindsey Spalding

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

L. Jag Financial, 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 June 1, 2005 and assigned Florida document number L05000054433.

This amendment is submitted to amend the following:

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

Spalding Insurance Group, LLC

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)

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 12, 2014.

Signature of a member or authorized representative of a member

Lindsay Spalding

Typed or printed name of signee

FILED
14 APR 29 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00