

L05000113397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

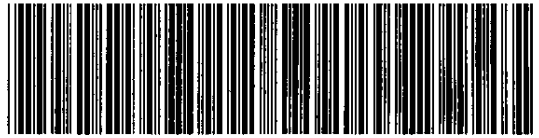
Special Instructions to Filing Officer:

A. LUNT

MAR 30 2010

EXAMINER

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03/26/10--01032--016 **30.00

03/26/10--01032--017 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 26 PM 2:27

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Choctaw Pension Actuaries, 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:

W. Brandon Beavers

Name of Person

Choctaw Pension Actuaries, LLC

Firm/Company

333 W Freemason Street, Suite 202

Address

Norfolk, VA 23510

City/State and Zip Code

brandon@cpactuaries.com

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

For further information concerning this matter, please call:

W. Brandon Beavers

Name of Person

at (866)

495-4015 xt. 110

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Choctaw Pension Actuaries, 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 11/28/2005 and assigned
Florida document number L05000113397.

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)

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>
MGRM	W. Brandon Beavers	23 Harbor Woods Circle Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 26 PM 2:27

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Dated March 25 2010


Signature of a member or authorized representative of a member

Gary L. Beavers

Typed or printed name of signee



P.O. Box 907 Safety Harbor, FL 34695

March 25, 2010

Department of State
Division of Corporations
ATTN: Certification
PO Box 6327
Tallahassee, FL 32314

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2010 MAR 26 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Choctaw Pension Actuaries, LLC – Document # L05000113397

To Whom It May Concern:

Enclosed is an Amendment to our Articles of Organization to add W. Brandon Beavers as a Managing Member. A \$25 check is enclosed for the filing of the amendment.

We are also requesting a 'Certified True and Correct' copy of our Articles of Organization. A \$30 check is enclosed for the certified copy.

Enclosed is an overnight envelope for the certified copy of the Articles of Organization to be sent to W. Brandon Beavers in our Virginia office in order for him to file that copy with the state of Virginia.

Should you have any questions, please don't hesitate to contact W. Brandon Beavers at 866-495-4015 ext. 110.

Respectfully,

A handwritten signature in black ink, appearing to read 'Gary L. Beavers', written over a horizontal line.

Gary L. Beavers
President
Choctaw Pension Actuaries