## L06000059631

| (Re                     | questor's Name)   | <del>".</del> |
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| (Address)               |                   |               |
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| (Cit                    | y/State/Zip/Phone | e #)          |
| PICK-UP                 | ☐ WAIT            | MAIL          |
| (Bu                     | siness Entity Nar | me)           |
| ·                       |                   |               |
| (Do                     | cument Number)    |               |
| Certified Copies        | _ Certificates    | s of Status   |
| Special Instructions to | Filing Officer:   |               |
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EXAMINER



ATTORNEYS AT LAW

Established 1981

Reply to:
Edwin E. Mortell, III
416 Flamingo Avenue
Stuart, FL 34996
(772) 286 9881
(772) 220 1784 (fax)
edwinmortell@stuart-law.net

May 5, 2010

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

RE: Name Change for FLALIC, LLC

Dear Sir or Madam:

l am enclosing a cover letter along with a name change for the above-referenced corporation. The new name should be FLA LIC, LLC. A check in the amount of \$2500 represeting the requisite filing fee is also enclosed.

Thank you for your assistance. If you have any questions, please give medicall.

Very truly yours,

PETERSON BERNARD

Edwin E. Mortell, III

For the Firm

EEM/ks enclosure

cc:

Mr. Harry Fitzgerald

## **COVER LETTER**

| TO:           | Registration So<br>Division of Co |  |   |             |                                       |                       |
|---------------|-----------------------------------|--|---|-------------|---------------------------------------|-----------------------|
| SUBJI         | ECT:                              | FLA  | LIC, L.L.C.   |             |                                       |                       |
|               |                                   | Name of Limi   | ted Liability Company   |             |                                       |                       |
|               |                                   | Amendment and fee(s) are sub<br>ondence concerning this matter | _   |             |                                       |                       |
|               |                                   | Ed   | win E. Mortell, III, Esq.   |             |                                       |                       |
|               |                                   |  | Name of Person  |             |                                       |                       |
|               |                                   |  |   | ;           | d., 23                                |                       |
|               |                                   |  | Firm/Company  |             | ZOIO HAY IO<br>SECRETARY              | 1 E74 - 14 print      |
|               |                                   | _  | 40 <b>=</b> 1 · •   |             |                                       | 3<br>p. 15<br>26: 137 |
| <del></del>   |                                   | 4  | 416 Flamingo Avenue  Address  |             | 388<br>388                            | £                     |
|               |                                   | Addicas  |   |             | AM DI 47<br>Y OF STATE<br>EE. FLORIDA | ) à                   |
|               |                                   |  | Stuart, FL 34996  |             | STATE<br>LORIU                        | <b>L</b> ., .         |
|               |                                   |  | City/State and Zip Code   |             | gm 1                                  |                       |
|               |                                   | E-mail address: (  | nmortell@stuart-law.net<br>to be used for future annual report notifica | tion)       |                                       |                       |
| For fur       | ther information of               | concerning this matter, please o                               | all:  |             |                                       |                       |
|               | Educi                             | in E. Martall III  | . 770   | 36-9881     |                                       |                       |
|               |                                   | in E. Mortell, III   | at (112) 20 Area Code & Daytime T                                       |             | -                                     |                       |
|               |                                   |  | ·   | ·           |                                       |                       |
| Enclos        | ed is a check for t               | the following amount:  |   | •<br>•      |                                       |                       |
| <b>₹</b> \$25 | 5.00 Filing Fee                   | \$30.00 Filing Fee & Certificate of Status                     | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)        | Certified ( | of Status &                           | ed)                   |
|               | Regist                            | ING ADDRESS: ration Section on of Corporations                 | STREET/COURIE<br>Registration Section<br>Division of Corporat           |             |                                       |                       |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

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

| FLA (Name of the Limited Liability C (A Florida Lin  | LIC, L.L.C.<br>ompany as it now appear<br>nited Liability Company) | rs on our records.)   |                           |
|--|--|-----------------------|---------------------------|
| The Articles of Organization for this Limited Liability Con Florida document number L06000059631             | npany were filed on  | 6/09/06               | and assigned              |
| This amendment is submitted to amend the following:  |  |                       |                           |
| A. If amending name, enter the new name of the limite  | d liability company her  | <u>·e</u> :           |                           |
| FLA  | LIC, L.L.C.  |                       |                           |
| The new name must be distinguishable and end with the words "L.L.C."   | "Limited Liability Compa   | nny," the designation | PISC" or the abbreviation |
| Enter new principal offices address, if applicable:  |  |                       |                           |
| (Principal office address MUST BE A STREET ADDRES  | <u>SS)</u>   |                       | SEA TO                    |
| Enter new mailing address, if applicable:  |  |                       | DANTE LORDING             |
| (Mailing address MAY BE A POST OFFICE BOX)   | <u> </u>   |                       |                           |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres |  | our records, enter    | the name of the new       |
| Name of New Registered Agent:  | F  |                       |                           |
| New Registered Office Address:   | 77   | Pl · l                | 1.1                       |
|  | En   | ter Florida street ac | aress                     |
|  |  | , Florida _           |                           |
|  | City   |                       | Zip Code                  |
| New Registered Agent's Signature, if changing Registered A   | Voent:   |                       |                           |

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:

4

MGR = Manager

| <u>Title</u> | <u>Name</u>                    | Address  | Type of Action              |
|--------------|--------------------------------|--|-----------------------------|
|              |                                |  | Add Remove                  |
|              |                                |  |                             |
|              |                                |  | <u>П</u> р <sub>атага</sub> |
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|              |                                |  | Remove                      |
| <del> </del> |                                |  | AddRemove                   |
| D. If amen   | ding any other information. er | iter change(s) here: (Attach additional she      | <del>_</del>                |
|              |                                |  |                             |
|              |                                |  |                             |
| _            |                                |  |                             |
| _            |                                |  |                             |
| Dated        |                                | -, , <sub>/</sub>                                |                             |
|              |                                | Hay Teken  |                             |
|              | Signature o                    | f a member or authorized representative of a n   | nember                      |
|              |                                | Harry Fitzgerald Typed or printed name of signee |                             |

Page 2 of 2

Filing Fee: \$25.00