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SECRETARY OF STATE

t t		COVE	R LETTE	R	
	ion Section of Corporations	:			
SUBJECT: F	lorida I	nsurar	nce + I	Investments,	LLC
i	i		ted Liability Co		
Dear Sir or Mada	m:	· ·			
The enclosed Arti	cles of Correction a	; nd fee(s) are subr	nitted for filing.		
Please return all c	orrespondence conc	erning this matter	to the followin	8 :	
Mary	J Gay			<u>.</u>	
		ince +	Invest	ments, LLC	
547 W	Fort I	sland	Trail,	Suite A	7. O
į	River, (City/State and 2	FL 3		-	PII 07 HAR -8 SECRETARY FALLAHASSE
For further inform	nation concerning th	is matter, please o	zall:		111111
ì	- 	-	35a	527 – 2866 k Daytime Telephone Number)	AH II: 25 OF STATE FLORIDA
STREET/COUR Registration Section of Corpe Clifton Building 2661 Executive C Tallahassee, Flori	on orations enter Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a che	ck for the followin	g amount:			
\$25 Filing Fee	S30 Filing F Certificate		5 Filing Fee & crtified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (08/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2007

MARY J GAY FLORIDA INSURANCE & INVESTMENTS, LLC 547 W FORT ISLAND TRAIL, #A CRYSTAL RIVER, FL 34429

SUBJECT: FLORIDA INSURANCE & INVESTMENTS, LLC

Ref. Number: L07000011197

We have received your document for FLORIDA INSURANCE & INVESTMENTS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 207A00016981

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

busine	ss days	tion 608.4115, F.S., this document is being submitted within the required 30 to correct the attached articles of organization or application to transact business
in Flor	ida.	Florida Insurance +
FIRST:		The name of the limited liability company is: Investments, LLC
SECO	ND:	The articles of organization or the application to transact business
(CF	ECK T	HE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
0	incorre	ns an incorrect statement. The incorrect statement, the reason the statement is ct, and the corrected statement are as follows: Ticle TL Street address + mailing address and
Ø		icle IV Street address of registered agent
	are	incorrect. The "suite" was omitted o
-	The	correct street + mailing addresses 55 houted
		Crystal River, FL 34429
3	Ar	ticle V address of managing mentioning
		incorrect. Members had changed addresses.
	The	e correct address stould be:
		1203 5E 3rd Ave
Dated	<u>بر</u> :	March 7 Crystal River, FL 34429
		Signature of a member or authorized representative of a member
	: :	Toseph Calabra Typed or printed name of signee
		Filing Fee: \$25.80 Ceruified Copy: \$39.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L07000011197 FILED 8:00 AM January 30, 2007 Sec. Of State dbruce

Article I

The name of the Limited Liability Company is: FLORIDA INSURANCE & INVESTMENTS, LLC

Article II The street address of the principal office of the Limited Liability (547 W FORT ISLAND TRAIL, Swite A CRYSTAL RIVER, FL. 34429	Company is: Meds odded
The mailing address of the Limited Liability Company is: 547 W FORT ISLAND TRAIL , Suite A CRYSTAL RIVER, FL. 34429	— needs added
Article III The purpose for which this Limited Liability Company is organized ANY AND ALL LAWFUL BUSINESS. Article IV The name and Florida street address of the registered agent is:	FILED 07 MAR -8 AM II: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA ed
MARY J GAY 547 W FORT ISLAND TRAIL , Switch	reeds added

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MARY J GAY

CRYSTAL RIVER, FL. 34429

Title: MGRM SHIELDS D GAY IV 1455 S OZELLO TRAIL CRYSTAL RIVER, FL. 34429

Article V

The name and address of managing members/managers are:

Crystal River, FL 34429

Title: MGRM MARY J GAY 1455 S OZELLO TRAIL CRYSTAL RIVER, FL. 34429

1203 SE 3rd Are. Crystal River, FL 34429

Article VI

The effective date for this Limited Liability Company shall be:

02/01/2007

Signature of member or an authorized representative of a member

Signature: JOSEPH CALABRO