

Lo 70000 11197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

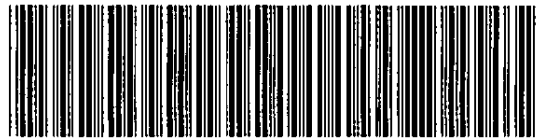
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR -9 PM 4:11**

T. HAMPTON

APR 10 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Insurance & Investments, 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:

Mary J. Gay
(Name of Person)

Florida Insurance & Investments, LLC
(Firm/Company)

1203 SE 3rd Ave.
(Address)

Crystal River, FL 34429
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary J. Gay at 352 795-9477
(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

April 7, 2009

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Florida Insurance & Investments, LLC

We are returning our Articles of Amendment to you to reflect our new name change. There is however a discrepancy, which we called in about and should be noted in the computer, the subject on your letter head shows SW Coastal Realty LLC. We do not know who that is. I am assuming someone pulled up a wrong file number?

In any regard, we have reflected the corrected subject name above: Florida Insurance & Investments, LLC.

Thank you in advance for handling our amendment.

Sincerely,

A handwritten signature in black ink that reads "Mary J. Gay, MGRM". The signature is fluid and cursive, with the initials "MGRM" being particularly prominent.

Mary J. Gay, MGRM
Florida Insurance & Investments, LLC
Office (352) 795-9477
Mobile (352) 422-5955
E-Mail agent@cmbarqmail.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 APR -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 4, 2009

MARY J GAY
1203 SE 3RD AVE
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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P01000046403 (SMART FINANCIAL SOLUTIONS, INC).

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 109A00007473

Registration/Qualification Section

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

Florida Insurance & Investments, 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 Jan. 30, 2007 and assigned Florida document number 207000011197.

This amendment is submitted to amend the following:

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

~~Smart Financial Solutions, LLC~~ Pro Equity Solutions, 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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.

N/A
(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

Title	Name	Address	Type of Action
		N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

FILED
09 APR - 9 PM 4:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated March 2, 2009 April 7, 2009

Mary J. Gay, MGRM
Signature of a member or authorized representative of a member

Mary J. Gay, MGRM
Typed or printed name of signee