## LO 70000 a 6239

(Re	equestor's Name)	
. (Ad	dress)	
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(Cit	ty/State/Zip/Phone	<del>)</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	A. L	UNT
	JUN 2	<b>9</b> 2009

Office Use Only



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May 8, 2009

IAN BANKS 701 S. PACKWOOD AVE. TAMPA, FL 33606

SUBJECT: IAN M. BANKS AGENCY, LLC

Ref. Number: L07000026239

We have received your document for IAN M. BANKS AGENCY, 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):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

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) 245-6094.

Letter Number: 409A00015708

Agnes Lunt Regulatory Specialist II

inisian of Componetions DO DOV 6997 Wellehages Florida 20014



## OFFICE OF FINANCIAL REGULATION

FINANCIAL SERVICES COMMISSION

CHARLIE CRIST GOVERNOR

BILL MCCOLLUM ATTORNEY GENERAL

ALEX SINK
CHIEF FINANCIAL OFFICER

CHARLES BRONSON COMMISSIONER OF AGRICULTURE

May 19, 2009

Mr. Ian M. Banks 837 E. Park Avenue Tallahassee, FL 32301

Dear Mr. Banks:

**ALEX HAGER** 

**ACTING COMMISSIONER** 

Re: Banks Law Firm, LLC

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Linda B. Charity Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

## COVER LETTER

•			SOVER BETTER	mi mangg		
TO:	Registration Section Division of Corporations			, ,		
erib ii	ECT.	lan M. Bar	nks Agency, LLC			
SUBJI	ECI;		ted Liability Company			
The en	nclosed Articles of Amendme	ent and fee(s) are sub	mitted for filing.			
Please	return all correspondence co	ncerning this matter	to the following:		2009 TAL	
			lan Banks		2009 JUN 26 PM 2: 27 SECRETARY OF STATE TALLAHASSEE, FLORIT	
			Name of Person		SKY SSE	١
			Banks Law Firm		<u> </u>	ì
			Firm/Company		2: 27 STATE LORIE	•
		7	01 S. Packwood Ave		27 RIDA	
			Address			
			Tampa, FL 33606			
			City/State and Zip Code			
	<del></del>	ianb	anks@tampabay.rr.com_			
		E-mail address: (1	to be used for future annual report notif	ication)		
For fu	rther information concerning	this matter, please c	all:			
	lan Ban	ks	at ( 727 )	347-229		
	Name of Person	,	Area Code & Daytim	e Telephone Number	r	
Enclos	sed is a check for the followi	ng amount:				
\$2	5.00 Filing Fee \$30.	00 Filing Fee & ertificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certified	te of Status &	
	MAILING ADI Registration Sec		STREET/COURI Registration Section			

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lan M.	Banks Agency, LLC			_
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability	Company were filed on	03/09/2007	and	assigned
Florida document numberL07000026239	<u></u> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company her	<u>re</u> :		
	ks Law Firm, LLC			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "I	LLGALLI	he abbreviation
Enter new principal offices address, if applicable:			<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADI	ORESS)		SSI	26 F
		,	<u> </u>	<u> ⊋</u> [T
			. ST	₹ C
Enter new mailing address, if applicable:			OR I	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			<b>&gt;</b>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter (</u>	the nam	e of the new
Name of New Registered Agent:				
New Registered Office Address:				
· · · <del></del>	En	nter Florida street add	tress	
		, Florida		
<del></del>	City		Zip C	ode

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:

Title Name Address Type of Action    Add   Remove	MGR = Ma MGRM = I	anager Managing Member		
Dated May 1 , 2009    Remove   Add   Remove   Add   Remove   Remov	<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Dated May 1 2009  Signature of a member or supplication of a member				
Dated May 1 2009  Signature of a member or further large type and a member Part Add May 1 2009  Signature of a member or further large type a member Part Add May 1 2009  Signature of a member or further large type a member Part Add May 1 2009				
Dated May 1 , 2009  Signature of a member or furnishized representative of a member				
Dated May 1 , 2009  Signature of a member or furnishized representative of a member				- 75 A
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)    Dated				Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)    Dated		<u></u>		SPA Add
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)    Dated				- FST 23
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Dated		<del></del>		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Dated			<del>1.12.</del>	
Dated May 1 , 2009  Signature of a member or authorized representative of a member	<del></del>			
Signature of a member or supported representative of a member	D. If amen	nding any other information	, enter change(s) here: (Attach additional shee	ets, if necessary.)
Signature of a member or surprised representative of a member	_			
Signature of a member or surprovided representative of a member	_			
Signature of a member or surprised representative of a member				
Signature of a member or supported representative of a member	— Dated	May 1	2009	
		Signati		mber

Page 2 of 2

Filing Fee: \$25.00