

07000038734

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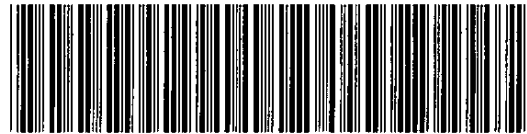
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA ASSOCIATED INSURANCE COMPANY, 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:

TIM MCCULLOUGH

(Name of Person)

FLORIDA ASSOCIATED INSURANCE COMPANY, LLC

(Firm/Company)

4099 SE CENTERBOARD LN

(Address)

STUART, FLORIDA, 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

TIM MCCULLOUGH

(Name of Person)

at (772) 291-7202

(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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

FLORIDA ASSOCIATED INSURANCE COMPANY, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 4/11/2007 and assigned document number L07000038734.

SECOND: This amendment is submitted to amend the following:

TO ADD THE FOLLOWING AS A MEMBER:

RICHARD A REFFNER

850 2ND ST. #317

SANTA MONICA, CALIFORNIA 90403

Dated AUGUST 21, 2007.


Signature of a member or authorized representative of a member

TIMOTHY J MCCULLOUGH, MANAGER

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00