LD7000095812

•				
+	(Requesto	or's Name)		
+	(Address)			
<u></u>	(Address)			
	· · · · · · · · · · · · · · · · · · ·			
	(City/State	e/Zip/Phon	e #)	
PICK-UP	, \sqcap	WAIT		MAIL
_	B-1-2-1	•		
	(Business	Entity Nar	me)	
I	(Docume	nt Number)		
Certified Copies		Certificates	s of Status	

Special Instructions to Filing Officer:

L. SELLERS

OCT -1 2010

EXAMINER

Office Use Only



300185427273

300185427273 09/20/10--01052--008 **25.00

SEISTARY OF STATE

10 SEP 30 PM 3: 06



September 22, 2010

JOSEPH HAYWORTH III 5000 SAWGRASS VILLAGE CIRCLE, STE. 6 PONTE VEDRA BEACH, FL 32082

SUBJECT: BEAUVOIR FINANCIAL SOLUTIONS, L.L.C. Ref. Number: L07000095812

We have received your document for BEAUVOIR FINANCIAL SOLUTIONS. L.L.C. 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 specific purpose of the entity must be set forth in the document.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 910A00022581

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	BEAUVOIR FINAN	ICIAL SOLUTIONS, L.L.(C .
,		ited Liability Company	
	of Amendment and fee(s) are sulpondence concerning this matter	_	
	- -	SEPH HAYWORTH, III	
		Name of Person	
	BEAUVOIR	FINANCIAL SOLUTIONS, L.	L.C.
		Firm/Company	
	5000 SAWGF	RASS VILLAGE CIRCLE, SU	ITE 6
		Address	
	PONTE VE	DRA BEACH, FLORIDA 320	82
		City/State and Zip Code	
		@JAHAYWORTH.COM to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	·	inoity
JOES	EPH HAYWORTH	at (904) 54	43-7613
	of Person	Area Code & Daytime T	
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)
	LING ADDRESS:	STREET/COURIED Registration Section	R ADDRESS:

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

BEAUVOIR	FINANCIAL SOLUTION	IS, L.L.C.		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)		
(- total miniou Diability Company)			
The Articles of Organization for this Limited Lia	ability Company were filed on	9/19/2007	and assigne	ed
Florida document number L0700095	- · · ·			_
riorida document number				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :		
BEAUVO	IR FINANCIAL SOLUTIONS	5, P.L.		
The new name must be distinguishable and end with	h the words "Limited Liability Compa	any," the designation "l	LC" or the abbre	 eviation
L.L.C."				
Enter new principal offices address, if applica	able:			
Principal office address MUST BE A STREE				
Frincipal office address MOST BE A STREET	I ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
B. If amending the registered agent and/o	un magistamed office address on		h 6 41	
registered agent and/or the new registered of		our records, enter t	ne name of th	ie new
Name of New Registered Agent:			2500 -	
New Registered Office Address:			部のの	
	Er	nter Florida street add	The state of the s	11
			30 A	Carriera Automorp
	City	, Florida	X	STATE OF THE STATE
	•		Zip Come	
New Registered Agent's Signature, if changing R	legistered Agent:		SE SE	
			部分 6.	
I hereby accept the appointment as registered the provisions of all statutes relative to the pi	d agent and agree to act in this c	apacity. I further ago	¹∰ to comply v	vith
accept the obligations of my position as regis	oper una complete perjormance stered agent as provided for in C	oj my aunes, ana 1 a hanter 608 FS Ov	ım jamınar wıı if this documa	n ana ntic
being filed to merely reflect a change in the r	registered office address, I hereb	v confirm that the lin	nited liability	11 12
company has been notified in writing of this c		, y		

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:

<u>e</u>	Name	Address	Type of Actio
			Add
			Remove
<u>. </u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		change(s) here: (Attach additional sheets, if necessary.) and disability insurance brokerage	_
_		· · · · · · · · · · · · · · · · · · ·	
	September 24	2010	
ted			

Page 2 of 2

Filing Fee: \$25.00