

LD8000044403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

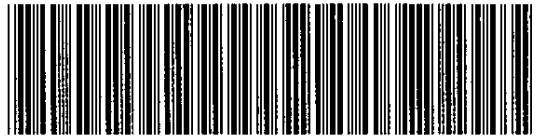
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600148817536

04/07/09--01023--020 **35.00

FILED

09 MAY 13 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W
APR - 9 2009

J. BRYAN

MAY 14 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2009

ROBERT J VITALE
CORAL SPRINGS CONSULTING, LLC
3549 LAGO DE TALAVERA
WELLINGTON, FL 33467

SUBJECT: CORAL SPRINGS CONSULTING, LLC
Ref. Number: L08000044403

FILED
09 MAY 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CORAL SPRINGS CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 809A00011977

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coral Springs Consulting, 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:

Robert Vitale

(Name of Person)

Coral Springs Consulting, LLC.

(Firm/Company)

4337 Seagrape dr.

(Address)

Lauderdale by the Sea, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Kairalla

(Name of Person)

at (561) 236-3685

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

(35 dollars already sent in)

☐ \$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

FILED
09 MAY 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Coral Springs Consulting, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
09 MAY 13 PM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/2/2008
Florida document number L08000044403

This amendment is submitted to amend the following:

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

Florida Homeowners Assistance Group, 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)

4337 Seagrape Dr.

Lauderdale by the Sea, FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4337 Seagrape Dr.

Lauderdale by the Sea, FL 33308

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:

Robert J. Vitale (Same) different address.

New Registered Office Address:

4337 Seagrape Dr.

(Enter Florida street address)

Lauderdale by the Sea

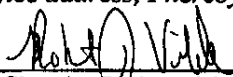
(City)

Florida 33308

(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.



(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	DeMarzo, Joe	22120 Boca Place Boca Raton FL 33433	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	Kiaralla, Joseph	4337 Seagrass Dr Lauderdale by the Sea FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

4/3/2009

Robert J. Vitale

Signature of a member or authorized representative of a member

Robert J. Vitale

Typed or printed name of signee

President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 13 PM 2:11

FILED