

L08000080510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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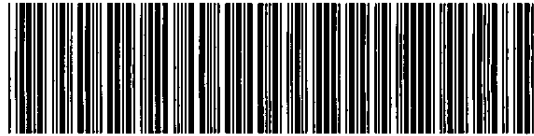
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT - 7 PM 3:14

J. BRYAN

OCT - 8 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Selective financial Group, LLC  
(Name of Limited Liability Company)

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 OCT -7 PM 3:14

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sammy Ramirez  
(Name of Person)

Selective Financial Group, LLC  
(Firm/Company)

750 East Sample Road, Building 1 Suite 4  
(Address)

Pompano Beach, FL 33074  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sammy Ramirez at 954 495-0626  
(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

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

Selective Financial Group, LLC

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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 OCT - 7 PM 3:38

The Articles of Organization for this Limited Liability Company were filed on 8-21-08 and assigned

Florida document number LO 8000080510

This amendment is submitted to amend the following:

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

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)

Sammy M. Ramirez  
1921 NE 27th Street  
Lighthouse Point, FL 33064

Enter new mailing address, if applicable: \*

(Mailing address MAY BE A POST OFFICE BOX)

Sammy M. Ramirez  
1921 NE 27th Street  
Lighthouse Point, FL 33064

**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:

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.*

(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
MGR	Pigg Enterprises, Inc	Box 55947 Light House Point, FL 33074	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Angelo Maltese	660 Coventry St #7 Boca Raton, FL 33487	<input type="checkbox"/> Add <input checked="" 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT -7 PM 3:14

Dated \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Robert Silverstone  
\_\_\_\_\_  
Typed or printed name of signee