

L0800004359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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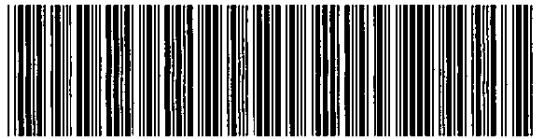
Special Instructions to Filing Officer:

**A. LUNT**

FEB -9 2009

**EXAMINER**

Office Use Only



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02/06/09--01019--015 \*\*30.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2009 FEB -6 PM 2:55

**FILED**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Firefly Financial Services, 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:

Donna Byrd  
(Name of Person)

Firefly Financial Services  
(Firm/Company)

9428 Baymeadows Rd Suite 230  
(Address)

Jacksonville, FL 32256  
(City/State and Zip Code)

2009 FEB -6 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Tim Ritch at ( 904 ) 996-8337  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Firefly Financial Services, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/07/2008 and assigned  
Florida document number L08000104359.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Donna Byrd

New Registered Office Address:

9995 Gate Parkway N Suite 400

(Enter Florida street address)

Jacksonville

(City)

Florida 32246

(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>
MGR	Timothy S Ritch	9995 Gate Parkway Suite 400 Jacksonville, FL 32246	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Greg Boree	9428 Baymeadows Rd Suite 230 Jacksonville, FL 32256	<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

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CLERK OF THE  
COURT  
JUDICIAL CIRCUIT IN  
FLORIDA

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

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Dated January 23, 2009

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Greg Boree  
\_\_\_\_\_  
Typed or printed name of signee