

✓
L09000004991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

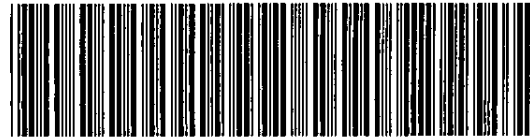
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600226183046

03/26/12--01036--011 **30.00

FILED

12 MAR 26 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAR 27 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLUBA, 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:

Steve DeSorbo

Name of Person

Coordinated Benefits Group

Firm/Company

9432 Baymeadows Rd Suite 260

Address

Jacksonville, Florida 32256

City/State and Zip Code

stoved@jaxbenefits.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve DeSorbo

Name of Person

at (904) 281-0511 Ext. 5

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 26 PM 3:54

FILED

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**

FLUBA, 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 January 15th, 2009 and assigned Florida document number LO9000004991

This amendment is submitted to amend the following:

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

United Benefit Advisors of Florida, 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)

9432 Baymeadows Rd.

Suite 260

Jacksonville, FL., 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9432 Baymeadows Rd.

Suite 260

Jacksonville, FL. 32256

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

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

FILED
12 MAR 25 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
			<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
			<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
 12 MAR 26 PM 3:54
 STATE ARMY OF STATE
 PALM HASSEE, FLORIDA

Dated _____

Signature of a member or authorized representative of a member

Stephen DeSabo

Typed or printed name of signee