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SECRETARY OF STATE
TALLAHASSEE, FLORIOA

APPROVEL AND FILED

D. BRUCE
SEP 11 2012
EXAMINER

COVER LETTER

TO:	Registrati Division o								
SUBJE	ECT:		Florida First Ir	surance	Group LLC				
			Name of Limit	ed Liability C	ompany				
The end	closed Artic	les of An	nendment and fee(s) are sub	mitted for fili	ıg.		24		
Please	return all co	orrespond	ence concerning this matter	to the followi	ng:				
				Holly Mite			··· ·		
				Name of	Person				
	•	·	Florida	First Insura	ance Group LL	_C			
			Firm/Co						
			263	River Hills	Dr., Suite 3			SEC	12
		Address			AH.	SEP.			
Indiana IIIa El 20040				ASS ASS	0				
Jacksonville, City/State and					Ğ. Çid				
			tant	·	comcast.net		•	111 C.2 111 C.2 111 L.C.1	
		•	E-mail address: (1	o be used for fu	ture annual report no	otification)		₹ <u>₽</u>	ယ္က
For fur	ther informa	ation con	cerning this matter, please c	all:					O.
			Mitchelson	at (904)	465-06			
	1	Name of Po	erson		Area Code & Dayt	time Telephor	ne Number		
Enclos	ed is a chec	k for the	following amount:						
\$25	5:00 Filing F	Fee [\$30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ' led Copy onal copy is enclos		60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &	sed)
]]]	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314		STREET/COU Registration Sec Division of Con Clifton Building 2661 Executive Tallahassee, FL	ction porations g Center Circ			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

					
The new name must be distinguishable and end with the wore "L.L.C."	ds "Limited Liability Compa	nny," the designation "	LLC" or the	abbrev	viation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)		——————————————————————————————————————		
				73	
			AR HE	Ť	
Enter new mailing address, if applicable:			SS AR	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			High	773	<u>고</u> 중
			$\frac{2}{c^{n}}$		
	- "			ري (ان	
B. If amending the registered agent and/or regist		our records, <u>enter</u>	the name	of the	e new
registered agent and/or the new registered office add	ress nere:				
Name of New Registered Agent:					
Name of New Registered Agent: New Registered Office Address:					
	En	nter Florida street ad	dress		
	En	nter Florida street ad , Florida	dress Zip Co		

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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Name **Address Type of Action** MGRM Theo K. Mitchelson III 263 River Hills Dr. **✓** Add Remove Suite 3 Jacksonville, Fl., 32216 Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 5 2012 Dated gnature of a member or authorized representative of a member Holly Mitchelson

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee