L09000087230

(Requestor's Name)
(Address)
/A-L
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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FILED

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SECRETARY OF STATE
AND ASSEE FI ORIO

J. BRYAN

OCT 28 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2009

RUTH SMITH
FBL & ASSOCIATES, LLC
201 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301

SUBJECT: FBL & ASSOCIATES, LLC

Ref. Number: L09000087230



We have received your document for FBL & ASSOCIATES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must end with P.L., P.L.C., P.L.L.C., PL, PLC, PLC, PROFESSIONALLIMITED COMPANY, CHARTERED, or PROFESSIONAL LIMITED LIABILITY COMPANY.

You have (see attached) but nothing attached

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: 109A00032809

COVER LETTER

TO: Registration Division of C			
			199 T
SUBJECT:		es, LLC - Name Change	
	Name of Limi	ited Liability Company	製るこ
			SEC
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	OSOCT 27 AM 8: 33 SECRETARY OF STATE SECRETARY OF FLORID TAIL AHASSEE, FLORID
Please return all corres	spondence concerning this matter	to the following:	RET W
			" "
		Ruth Smith	
		بىرى (A) مى شىرى بىلىدى (A) مى شىرى	
		FBL & Associates	
		Firm/Company	
	201	South Andrews Avenue	
		Address	
	For	t Lauderdale, FL 33301	
	I OI	City/State and Zip Code	
		rsmith@lgf101.com	
	E-mail address: (to be used for future annual report notifica	ation)
For further information	n concerning this matter, please of	eall:	
	rank B. Lindner	at (79-7612
Name of Person Area Code & Daytime		Telephone Number	
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
\$25.00 Thing Fee	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
MA	ILING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FBL & ASSO	ciates, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	REFE W
(**************************************			₹
The Articles of Organization for this Limited Liability Company	were filed on	9-4-09	and assigned
Florida document numberL0900087230			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
FBL Associates, Professional	Limited Liability	/ Company	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	Frank B. Lind	ner	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	205 FLORAL	VALE BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	YARDLEY PA	\ 19067	
B. If amending the registered agent and/or registered of		our records, enter	the name of the nev
registered agent and/or the new registered office address her	<u>:e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street ad	dress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Manager = Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
			Add
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	4		_
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			Add
			Remove _
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			Remove
D. If an	nending any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
	Any and all lawful business amendme	ent. We are a law firm licensed to do	_
	business in the state of Pennsylvania	who will support a self-help automated	_
	software system Expert Settlement Pr	rofessional "ESP". It is our goal to obtain	
	independent contract attorneys in eac	h state including Florida in order to help	
	customers make informed choices (SI	EE ATTACHED)	_
Dated _	October 19 , 200	09.	
		1/18	
		or authorized representative of a member	
		rank B. Lindner or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

regarding their automated debt settlement system.

FBL Associates, PC will accept customers from the legacy of Life Guard Financial LLC. Each Life Guard Financial, LLC customer will have the option of the services of FBL or obtain a full refund from Life Guard Financial, LLC who decide to choose this option from the start date of October 1, 2009.

