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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Florida Southern Insurance 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:

**Bradley Panos** 

Name of Person

Florida Southern Insurance

Firm/Company

2367 Vanderbilt Beach Rd. Suite 814

Address

Naples, FL 34109

City/State and Zip Code

Brad.Panos@FloridaSouthernInsurance.com

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

For further information concerning this matter, please call:

**Bradley Panos** 

,,239<u>,</u>449-4704

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

Florida Southern Insural		<del></del>		
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears on our r iability Company)	ecoras.)	
The Articles of Organization for this Limited Li Florida document number L10000097218	ability Company	were filed on <u>09/16/20</u>	and assigned	
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designatio	"LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered of			cords, enter the name of th	e new
Jegistereu agent and/or the new registereu or	nee augi ess nei	<u>r</u> .		
Name of New Registered Agent:	Bradley C.	Panos		
New Registered Office Address:	2367 Vano	derbilt Beach Rd. S	uite 814	
14011 Tegistera Cities Time ob.		Enter Florida street	address	
	Naples		_, Florida <u>34109</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing l	Registered Agent:			1313,54 6
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as registered being filed to merely reflect a change in the	er and complete istered agent as p registered office	performance of my duti provided for in Chapter	es, and I am familiar with and 608, F.S. Or, if this document	j szame Li
company has been notified in writing of this	cnange.			C13
	If Chai	nging Registered Agent, Sign	ature of New Registered Agent	

If a

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** □ Add ☐ Remove □ Add □ Remove □ Add □ Remove ☐ Add ☐ Remove 2014 JUN - 2ve PH 4: 03 □ Add \_□ Remove

). If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
ONLY CHANGE IS A	ADDRESS
Effective date, if other than the date of fil (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departr	date of receipt or filed date and cannot be more than 90 days after
Dated May 28th	2014
	The state of the s
Signature 64	f a moniber or authorized representative of a member
Bradley C. Panos	
······································	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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