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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 23, 2013

ANNETTE CASACI, CFO 6400 CONGRESS AVENUE, SUITE 2250 BOCA RATON, FL 33487

SUBJECT: FIVE PEAKS, LLC Ref. Number: L11000057423

We have received your document for FIVE PEAKS, 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 designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L13000098780.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 813A00022287

www.sunbiz.org

Five Peaks, LLC 6400 Congress Avenue Suite 2250 Boca Raton, FL 33487

September 26, 2013

Florida Department of State Division of Corporations Corporate Filings Ms. Deborah Bruce P.O. Box 6327 Tallahassee, FL 32314 Sent via e-mail to: Deborah.Bruce@dos.myflorida.com

Re:

Five Peaks, LLC

L11000057423

Dear Ms. Bruce:

Pursuant to our conversation this morning, please be advised that we recently filed a voluntary dissolution with the State of Florida for one of our other entities; Then Bright Insurance Agency, LLC, Document Number L13000098780.

We do not intend to reinstate this LLC in the future.

Since The Bright Insurance Agency, LLC was one of our subsidiaries, and we do not intend to reinstate it, we respectfully request that you approve the name change request that we submitted to the State for Five Peaks, LLC to The Bright Insurance Agency, LLC.

Thank you for your consideration.

Sincerely,

Annette Casacci Chief Financial Officer

COVER LETTER

TO: Registration Se Division of Cor				٠	,
_{SUBJECT:} Five Pea	ks, LLC				
		ed Liability Company			
	Amendment and fee(s) are sub	_	:		
·	mache concerning this matter	to the following.			
	Annette Casacci, CF	0		•	
		Name of Person			
	The Bright Insurance	Agency, LLC			
		Firm/Company			
	6400 Congress Aven	ue, Suite 2250		,1 N 3	
		Address			CHICAL CO.
	Boca Raton, FL 3348	37		SEP SEP	
		City/State and Zip Code		25 A88	6
	annette@thebright.co	om		EF EF	
	E-mail address: (t	o be used for future annual report notificati	ion)	1.51 1.51	(anna)
For further information c	concerning this matter, please ca	all:		STATE STATE LORIDA	
W. Kip Speyer		_{at (} 561 ₎ 870-4600			
Name o	f Person	Area Code & Daytime Te	elephone Number	 _	
Enclosed is a check for the	he following amount:				
	_	Desc on Piling Day 0	Electron But		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	sed)

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

Five Peaks, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on May 16, 2011	and assigned
Florida document number L11000057423	<u></u> ·	
This amondment is submitted to amond the following:	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The Bright Insurance Agency, LLC		
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	PRESS)	
		12/n 23
		HAA 23 80 00 00 00 00 00 00 00 00 00 00 00 00
Enter new mailing address, if applicable:		20 N MARKET
(Mailing address MAY BE A POST OFFICE BOX)		COSS ON E
		D: 0
B. If amending the registered agent and/or regi	istered office address on our records, entildress here:	er the name of the new
·		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street	address
	, 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

II 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 = Mana MGRM = Ma	ager anaging Member		• • •
<u>Title</u>	<u>Name</u>	Address	Type of Action
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eptember 17	2013
eptember 17	Signature of Member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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