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TALLAHASSEE, FLORIDA

Aug 01 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **S A C Insurance Group 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:

Alexander J Hartman

Name of Person

Alexander Insurance Consultants LLC

Firm/Company

5550 Glades Road, Suite 500

Address

Boca Raton, FL 33431

City/State and Zip Code

Alex@AICFL.com

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

For further information concerning this matter, please call:

Alexander J Hartman

Name of Person

at **561 504-4895**

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

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13 JUL 26 PM 5:19
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

S A C Insurance Group, 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 12/19/2011 and assigned
Florida document number L11000141672

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13 JUL 26 PM 5:19
TALLAHASSEE, FLORIDA
STATE

This amendment is submitted to amend the following:

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

Alexander Insurance Consultants, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5550 Glades Road

Suite 500

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5550 Glades Road

Suite 500

Boca Raton, FL 33431

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:

Alexander J Hartman

New Registered Office Address:

5550 Glades Road, Suite 500

Enter Florida street address

Boca Raton

, Florida 33431

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, 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>
MGRM	Alexander J Hartman	19509 Saturnia Lakes Drive	<input type="checkbox"/> Add
		Boca Raton, FL 334398	<input checked="" type="checkbox"/> Remove
MGRM	Alexander J Hartman	5550 Glades Road, Suite 500	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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HALL COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 22, 2013



Signature of a member or authorized representative of a member

Alexander J Hartman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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