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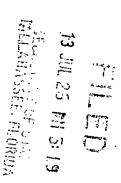
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### **COVER LETTER**

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:



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

<sub>.561</sub> 504-4895

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

爱 芯

S A C Insurance Group			E 'Y.	
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 12/	19/2011 and assigned	
Florida document number L1100014167	2		100 mg/s	
This amendment is submitted to amend the foll	owing:		<del>Ž</del>	
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :	
Alexander Insurance Consultants	s, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		5550 Glades Road		
(Principal office address MUST BE A STREET ADDRESS)		Suite 500		
		Boca Rator	, FL 33431	
Enter new mailing address, if applicable:		5550 Glades Road		
(Mailing address MAY BE A POST OFFICE BOX)		Suite 500		
		Boca Raton, FL 33431		
B. If amending the registered agent and/ registered agent and/or the new registered or	ffice address her		ur records, <u>enter the name of the new</u>	
Name of New Registered Agent:				
New Registered Office Address:	5550 Glades Road, Suite 500			
			er Florida street address	
Boca Ra		<del> </del>	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Alexander J Hartman **MGRM** 19509 Saturnia Lakes Drive Boca Raton, FL 334398 Remove **MGRM** Alexander J Hartman 5550 Glades Road, Suite 500 Boca Raton, FL 33431 Remove Remove Remove

D. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
<del> </del>	<del> </del>
<del> </del>	
July 22	
	Signature of a member or authorized representative of a member
Alexande	r J Hartman
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

