

L120000052375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

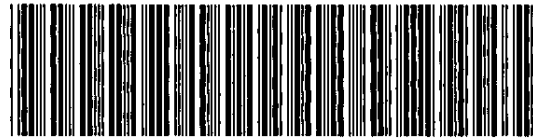
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 JUN 27 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUL 2 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLAGLER GROUP HOLDINGS, 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:

CHRIS CARLIN

Name of Person

FLAGLER INSURANCE & RISK MANAGEMENT, INC

Firm/Company

7370 COLLEGE PKWY, SUITE #214

Address

FORT MYERS, FL 33907

City/State and Zip Code

CCARLIN@FIRMBUSINESSSOLUTIONS.CON

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

For further information concerning this matter, please call:

CHRIS CARLIN

Name of Person

at (**239**) **689-4784**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BROWNING AND FIRM, 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 APRIL 18, 2012 and assigned
Florida document number L12000052375.

This amendment is submitted to amend the following:

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

FLAGLER GROUP HOLDINGS, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7370 COLLEGE PKWY

SUITE 214

FORT MYERS, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O BOX 61856

FORT MYERS, FL 33906

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

7370 COLLEGE PKWY, SUITE 214

Enter Florida street address

FORT MYERS

, Florida

33907

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	LAWRENCE L BROWNING	8793 NOTTINGHAM POINTE WAY FORT MYERS, FL 33912	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CHRISTOPHER J CARLIN	8450 VILLAGE EDGE CIRCLE #5 FORT MYERS, FL 33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FLAGLER INSURANCE &	7370 COLLEGE PKWY SUITE #214 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FLAGER INSURANCE, INC	7370 COLLEGE PKWY SUITE #214 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN 27 AM 10:35

FILED

Dated JUNE 25, 2012



Signature of a member or authorized representative of a member

CHRIS CARLIN

Typed or printed name of signee