

L13000062146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

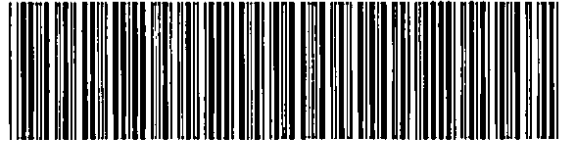
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200317586242

09/04/18--01033--021 **55.00

FILED
2018 SEP -4 PM 3:52
RECEIVED
FALL RIVER, MA
FALL RIVER, MA

D BRUCE
SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida First Insurance Agency 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:

Melissa Ehrental

Name of Person

Florida First Insurance Agency LLC

Firm/Company

2515 Hollywood Blvd.

Address

Hollywood, Florida 33020

City/State and Zip Code

melissa@flinsco.com

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

For further information concerning this matter, please call:

Melissa Ehrental

954

929-6696

at ()

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

2018 SEP -4 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

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

Florida First Insurance Agency 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 04/29/2013 and assigned
Florida document number L13000062146.

This amendment is submitted to amend the following:

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

Flinsco LLC

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

Enter new principal offices address, if applicable:

2515 HOLLYWOOD BLVD

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33020

Enter new mailing address, if applicable:

2515 HOLLYWOOD BLVD

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33020

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:

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
20 SEP 4 PM 3:52
RECEIVED
SEP 4 2020
FBI - TAMPA

2018 SEP -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2018 SEP-14 PM 3:52
STATE
TALLAHASSEE FLORIDA

7
1
1
1
1

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 31, 2018

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

Rhonda Reisha Sankersingh

Typed or printed name of signee