## 614000020043

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STALE
TALLAHASSEE, FLORIGA

T. Burch APR I.L. 2816

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: FRANKL	Name of Limite	ASURANCE LLC ed Liability Company	
The enclosed Articles of Ame		•	
-	JOHN M-	TUMMINIA Name of Person	<u>.</u>
-	FRANKIN F. S.	ANCIAL ASSURANCE L	LC
-	9741 - LAM	ANTIN DR. Address	
-	PORT RICHEL	City/State and Zip Code	· .
_	E-mail address: (to	be used for future annual report notifica	tion)
For further information conce	erning this matter, please call	l:	
Jand M Tum, Name of Per	mi Di À	at (727) 849 - 41 Area Code Daytime Te	5 o elephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee C	□ \$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

Franklin Financial Assurance L		
(Name of the Limited Lia) (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability  Torida document number L1400020043	Company were filed on 2/5/14	and assigned
his amendment is submitted to amend the following	:	
a. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and end with the words '	Limited Liability Company," the designation "LL	
Inter new principal offices address, if applicable:		17 14 15 15 15 15 15 15 15 15 15 15 15 15 15
<u>Principal office address MUST BE A STREET AD</u>	DRESS)	ARE PR
Cnter new mailing address, if applicable:		E.F.SI
Mailing address MAY BE A POST OFFICE BOX)		ATE RIDA
3. If amending the registered agent and/or registered agent and/or the new registered office ac		s, enter the name of the
Name of New Registered Agent:		***************************************
New Registered Office Address:		
	Enter Florida street addres	88
	, F1	orida
	$c_{ny}$	Lip Cour

## 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robert G Franklin	9741 Lamantin Dr	Add
		Port Richey, FI 34668	□ Remove
AMBR	Christopher McFadden	9741 Lamantin Dr.	 ■ Add
		Port Richey, Fl. 34668	□ Remove
			Add
			PH SIAN 33
		•	
			□ Remove
			□ Add
			Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	<i>y.)</i>		
Effective date, if other than the date of filing:	 )		
the date this document is filed by the Florida Department of State)  Dated April 4, 2014			
Signature of a member or authorized representative of a member  John M Tumminia			
Typed or printed name of signee	SE TAL	14	
	LAHASSE	14 APR -9	i.

Page 3 of 3

Filing Fee: \$25.00