

214000020043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

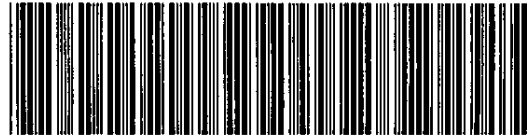
(Document Number)

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TALLAHASSEE, FLORIDA

FILED

T. Burch APR 11 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FRANKLIN FINANCIAL ASSURANCE 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:

JOHN M. TUMMINIA

Name of Person

FRANKLIN FINANCIAL ASSURANCE LLC

Firm/Company

9741 - LAMARTIN DR.

Address

PORT RICHEY FL 34668

City/State and Zip Code

TUMM1212@YAHOO.COM

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

For further information concerning this matter, please call:

JOHN M. TUMMINIA

Name of Person

at (727) 849-4130

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

Franklin Financial Assurance LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|----------------------|------------------------|---|
| AMBR | Robert G Franklin | 9741 Lamantin Dr | <input checked="" type="checkbox"/> Add |
| | | Port Richey, Fl 34668 | <input type="checkbox"/> Remove |
| AMBR | Christopher McFadden | 9741 Lamantin Dr. | <input checked="" type="checkbox"/> Add |
| | | Port Richey, Fl. 34668 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after 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 signer

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Filing Fee: \$25.00