

L14 0000 20043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

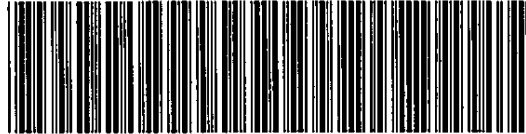
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 03 2016

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## 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:

ROBERT FRANKLIN  
Name of Person

FRANKLIN FINANCIAL ASSURANCE, LLC  
Firm/Company

12490 91<sup>ST</sup> AVE  
Address

SEMINOLE FL 33772  
City/State and Zip Code

RFRANKLININSURANCE@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT FRANKLIN at (727) 686-3954  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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, 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 02/05/2014 and assigned Florida document number L14000020043.

This amendment is submitted to amend the following:

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

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

12490 91<sup>ST</sup> AVE  
SEMINOLE, FL 33772

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

12490 91<sup>ST</sup> AVE  
SEMINOLE, FL 33772

**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:**

ROBERT G. FRANKLIN

**New Registered Office Address:**

12490 91<sup>ST</sup> AVE

Enter Florida street address

SEMINOLE

City

Florida

33772

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>
AMBR	JOHN M LUMMIA	9741 LAMARTIN DR	<input type="checkbox"/> Add
		PORT RICHEY, FL 34668	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ROBERT G FRANKIN	12490 91 <sup>ST</sup> AVE	<input type="checkbox"/> Add
		SEMINOLE, FL 33772	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 AUG - 1 AM 10:44  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

16 AUG - 11 AM 10:4  
COUNTY OF ST. JAC  
WILLAMETTE, FLORIDA

16 AUG - 1 AMIO: 44

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 July 27, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee