

LI50000 64580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

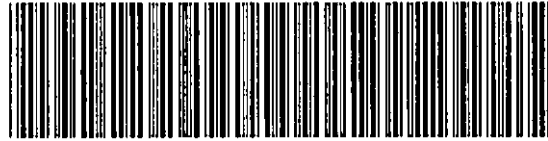
(Business Entity Name)

(Document Number)

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2020 JAN 24 AM 7:31  
TALLAHASSEE, FL  
STATE

W. SIMMONS

FEB 20 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Association Specialty Group 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:

Jonathan B Louis

Name of Person

Association Specialty Group LLC

Firm/Company

9050 Pines Boulevard, Suite 480

Address

Pembroke Pines, Florida 33024

City/State and Zip Code

jlouis@asgflorida.com

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

For further information concerning this matter, please call:

Jonathan Louis

at (786) 412-2158

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ASSOCIATION SPECIALTY GROUP 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 04/13/2015 and signed  
Florida document number L15000064580

This amendment is submitted to amend the following:

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

AMALGAMATED SPECIALISTS LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

AMERICAN MANAGEMENT GROUP LLC

New Registered Office Address:

9050 PINES BOULEVARD, SUITE 480

Enter Florida street address

PEMBROKE PINES

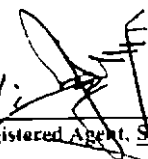
Florida 33024

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.*

BY:  WGT / RA - AMG

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>
MGR	JONATHAN B LOUIS	9050 PINES BOULEVARD, SUITE 480	<input type="checkbox"/> Add
		PEMBROKE PINES, FLORIDA 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	STANDPOINT LLC	9050 PINES BOULEVARD, SUITE 400	<input type="checkbox"/> Add
		PEMBROKE PINES, FLORIDA 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMERICAN MANAGEMENT GR	9050 PINES BOULEVARD, SUITE 480	<input type="checkbox"/> Add
		PEMBROKE PINES, FLORIDA 33024	<input type="checkbox"/> Remove
			<input checked="" 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

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TALLAHASSEE, FL

