105000034626

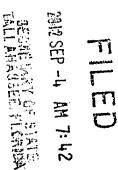
(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	e)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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J. BRYAN

SEP - 5 2012

EXAMINER

First Florida Insurance, LLC

825 Parkway Plaza, Suite 31 Jupiter, FL 33477 Ph: 561-743-5688 Fax: 561-743-5735

August 31, 2012

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 TILED TIN

Re: Certificate of Status- L05000034626

To whom it may concern:

Please find enclosed the Amendment request for the above captioned LLC. We are in the process of applying for a New York State License and it is being held up due to the missing comma in our name. We would appreciate any assistance in the process and receipt of this form to our office as soon as possible. You may overnight the form and bill us for the delivery fee. If you have any questions or need any additional information, please contact our office. Thanking you in advance for all your assistance.

Sincerely

Lauren Reggib

Customer Service Representative

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	First Florid	da Insurance, LLC	
50D0EC1.		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
		Jeffrey Marshall Platz	
		Name of Person	
	Firs	it Florida Insurance, LLC	TILED TIES
		Firm/Company	
	8	25 Parkway Plaza #31	1
		Address	32
		Jupiter, FL 33477	
		City/State and Zip Code	
	E mail addragg	jeff@1stflins.com (to be used for future annual report	notification)
			notification)
For further information	on concerning this matter, please	call:	,
	Jeff Platz	at (561)	743-5688
Nar	ne of Person		ytime Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Section 1 (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

۲.

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

First Florida Ir	nsurance LLC	<u> </u>	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appes Liability Company)	ars on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	April 8,2005	and assigned
Florida document numberL0500034626			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	ere:	
First Florida Ins	surance, LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			-1 000 000
(Principal office address MUST BE A STREET ADDRESS)			S P
Francisco de la constitución de	825 Parkwa	v Dlaza #31	
Enter new mailing address, if applicable:	Jupiter, FL 3		
(Mailing address MAY BE A POST OFFICE BOX)	- Jupiter, T.E.		Ren B
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street a	ddress
		, 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 608, 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

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Title	Name	Address	Type of Action
			Add
			Add Remove
			Add Remove
	· .		Add Remove
·		·	Add
	·		Add
). If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	Remove
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Page 2 of 2

Filing Fee: \$25.00