

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
,				

Office Use Only

G. MCLEOD

OCT - 7 2010

EXAMINER



600184003526

08/06/10--01025--002 **35.00

COVER LETTER

Division of Co			A.
SUBJECT:	Protectus Insi	urance Services LLC	
•		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Judy Herndon Name of Person	
		Name of Person	
	Protect	tus Insurance Services LLC Firm/Company	
		94 N HWY 27, Suite B Address	<u>-</u>
		Clermont, FL 34711 City/State and Zip Code	
	juc E-mail address: (i	lyh@protectusins.com to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c		,
	Jon Hutson of Person	at (352) Area Code & Daytime	394.5577 Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.	
The Articles of Organization for this Limited I Florida document numberLO500011		12-15-05	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Com	pany," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		ASS 6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>		Y OF STATE FLORIDA
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:	Judy Herndon		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the	proper and complete performand istered agent as provided for in (ce of my duties, and I c Chapter 608, F.S. Or,	am familiar with and if this document is

If Changing Registered Agent, Signatur

Page 1 of 2

company has been notified in writing of this change.

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:

MGR = Manager

MGRM = Managing Member

Title Name 1 Address **Type of Action** 194 N Hwy 27, Suite B Clermont, FL 34711 MGR_ Judy Herndon ✓ Add Remove MGR__ John E. Hutson 194 N Hwy 27, Suite B Clermont, FL 34711 ✓ Remove ☐ Add Remove ☐ Add Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 1 ______, <u>___2010</u>___. Signature of a member or authorized representative of a member Jon F Hutson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00