L0600014928

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SECRETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Protection Benefits LC (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:
Niki Schickler
PROTECTION Benefits LLC
(Firm/Company)
to693 Wiles Road Suite 235 (Address) Coral Springs FL 33076 (City/State and Lip Code)
Capal Springs FL 33076
(City/State and Zip Code)
For further information concerning this matter, please call:
Donna Robinson at (954) a94-1226 (Area Code & Daytime Telephone Number)
Casa see a supramo cambon,
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

PROTECTION Benefits LLC

(Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on JUIY 28, 2006 and assigned document numberL_06_000074928	
SECOND:	This amendment is submitted to amend the following:	
(10693 Wiles Road Suite 235	_
	10693 Wiles Road Suite 235	
	Coral Springs, FL 33076	<u>-</u>
	@ Add a manager (vice-Prosident/Treasurer)	-
	Donna L. Robinson	_
	10604 NW 49th STREET -	
	CORAL Springs, FL 33076 Em &	_
	CCR CT	
	ARY ARY	
Dated	October 11, 2006. ERIE OS	
	Mine Schielle	
	Signatufe of a member or authorized representative of a member	
	Niki Schickler	
	Typed or printed name of signee	

Filing Fee: \$25.00