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FILED 10 MAY -6 PM 2: 21 SECRETARY OF STATE

J. BRYAN

MAY - 7 2010

EXAMINER

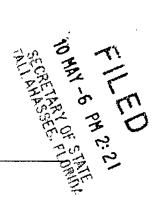
COVER LETTER

10:	Division of Co				
SUBJE	CT:	PG In	surance LLC		
		Name of Lim	ited Liability Company		•
The enc	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
			Eduardo Gonzalez		
			Name of Person		10000000000000000000000000000000000000
			Firm/Company		SSEE F
		266	S5 NE 4 Street, Apt. 19	01	TO MY -6 PH 2:21 SECRETARY OF STATE SECRETARY OF ST
		,			₩ -
		<u>_</u>	City/State and Zip Code		_
		E-mail address: (duardo1939@aol.com to be used for future annual repo	ort notification)	
For furti	her information o	concerning this matter, please of	eall:		
		ardo Gonzalez	at (305)	803-3312 Daytime Telephone Numb	
Enclose	d is a check for t	he following amount:	•		
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certific	iling Fee, cate of Status & cd Copy onal copy is enclosed)
		ING ADDRESS:	STREET/C Registration	COURIER ADDRESS:	
	Divisio	on of Corporations ox 6327		Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PG Insurance 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 Liz Florida document numberL06000121		December 21, 2006	_ and assigned
riorida document number			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Con	mpany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/o	r registered office address o	n our records, enter the	name of the new
registered agent and/or the new registered off		ii our records, <u>enter the</u>	name of the new
21 22 2			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		Enter Florida street addres.	
	City	, Florida	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 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		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			<u> </u>
***************************************			F-17
			Pomovo
			□ Domovo
			[Damarra
		change(s) here: (Attach additional sheets, if neons incorrect. The correct number is 03-0	
_			10 MAY -6 I
Dated	May 3	2010 un all	FLORIDA
		ember or authorized representative of a member	
		Eduardo Gonzalez	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00