

**L07000057891**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
**2010 FEB -3 PM 3:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**C. LEWIS**

*Feb 4 2010*

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNIVERSAL PROPERTY & CASUALTY INSURANCE 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:

JANAK DESAI

Name of Person

UNIVERSAL PROPERTY & CASUALTY INSURANCE LLC

Firm/Company

13538 VILLAGE PARK DRIVE--SUITE 215

Address

ORLANDO-FLORIDA-32837

City/State and Zip Code

AMINMIKE@gmail.com

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

For further information concerning this matter, please call:

JANAK DESAI

Name of Person

at ( 407 )

973 8882

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 21, 2010

JANAK DESAI  
UNIVERSAL PROPERTY & CASUALTY INSURANCE  
13538 VILLAGE PARK DR STE 215  
ORLANDO, FL 32837

SUBJECT: UNIVERSAL PROPERTY & CASUALTY INSURANCE, L.L.C.  
Ref. Number: L07000057891

We have received your document for UNIVERSAL PROPERTY & CASUALTY INSURANCE, L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 610A00001648

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2010 FEB -3 PM 8:44

UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/01/2007 and assigned  
Florida document number L07000057891.

This amendment is submitted to amend the following:

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

BLU INSURANCE GROUP 1 LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

13538 Village Park Drive--SUITE 215

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO-FLORIDA-32837

Enter new mailing address, if applicable:

13538 Village Park Drive--SUITE 215

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO-FLORIDA-32837

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:

New Registered Office Address:

13538 Village Park Drive-SUITE 215

*Enter Florida street address*

ORLANDO

Florida

32837

*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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
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		_____	<input type="checkbox"/> Remove
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		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

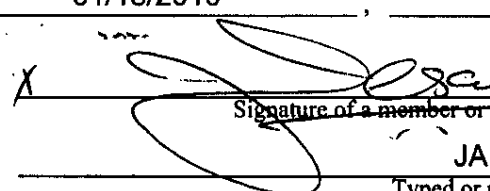
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Dated 01/18/2010

X 

Signature of a member or authorized representative of a member

JANAK DESAI

Typed or printed name of signee

2010 FEB - 3 PM 3:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED