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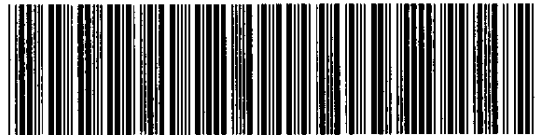
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB - 2 AM 8:28

B. KOHR

FEB - 5 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BERKSHIRE 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:

SHAHRAM SONDI

Name of Person

AMERICHoice INSURANCE, LLC

Firm/Company

1001 N LAKE DESTINY RD, STE 275

Address

MAITLAND, FL 32751

City/State and Zip Code

SSONDI@GMAIL.COM

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

For further information concerning this matter, please call:

SHAHRAM SONDI

Name of Person

at (407)

718-6160

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

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DIVISION OF CORPORATIONS
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BERKSHIRE INSURANCE, LLC

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

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DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on 5/15/08 and assigned
Florida document number L08000048986.

This amendment is submitted to amend the following:

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

AMERICHoice INSURANCE, 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:

1001 N LAKE DESTINY RD, STE 275

(Principal office address MUST BE A STREET ADDRESS)

MAITLAND, FLORIDA 32751

Enter new mailing address, if applicable:

1001 N LAKE DESTINY RD, STE 275

(Mailing address MAY BE A POST OFFICE BOX)

MAITLAND, FLORIDA 32751

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:

1001 N LAKE DESTINY RD, STE 275

Enter Florida street address

MAITLAND

, Florida

32751

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

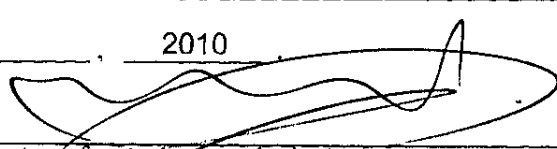
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

FEBRUARY 1

2010


Signature of a member or authorized representative of a member

SHAHRAM SONDI

Typed or printed name of signee