L08000051951

(Requestor's Name)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
AND ANASSEE FLORIDA

G. HARVEY

MAR 0 8 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		·	*t		
SUBJE	7CT∙	1st Protection Ir	nsurance Group, LLC	-4.00 -A		
50201			ed Liability Company	AECREI FI		
The en	closed Articles o	f Amendment and fee(s) are subr	nitted for filing.	TILEU PILEU		
Please	-7 PH 4: 29 -7 PH 4: 29 -8 SEE, FLORIE					
			Jeremy Ehrenthal	\$ FIT .		
			Name of Person			
	C/O ECHI					
	Firm/Company					
		3275 W	. Hillsboro Blvd. Suite 309			
	Deerfield Beach, FL 33442					
			City/State and Zip Code			
	jeremy@echealthinsurance.com E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please ca	11:			
	Jer	emy Ehrenthal	at (')	71-4177		
	Name	of Person	Area Code & Daytime	elephone Number		
Enclose	ed 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)		

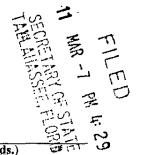
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1st Protection Insurance Group, 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 Liability	Company v	were filed on	5/27/2008	and assigned		
Florida document number L08000051951	·					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liabil	ity company here:				
	N/A					
The new name must be distinguishable and end with the v "L.L.C."	vords "Limite	ed Liability Company	," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		600 SW DARWIN BLVD #206				
(Principal office address MUST BE A STREET ADD	DRESS)	PORT ST LUCIE FL 34953 US				
Enter new mailing address, if applicable:		600 SW DARWIN BLVD #206				
(Mailing address MAY BE A POST OFFICE BOX)		PORT ST LUCIE FL 34953 US				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac			r records, <u>enter t</u>	he name of the new		
Name of New Registered Agent: Jer	Name of New Registered Agent: Jeremy Ehrenthal					
New Registered Office Address: 600	600 SW DARWIN BLVD #206					
				Enter Florida street address		
POF		T ST LUCIE	, Florida	34953		
		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.

f Changing Registered Agent, Signature of New Registered Agent

Page T of 2

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	<u>Name</u>	Address	Type of Action
MGRM	FELDMAN, LEE	600 SW DARWIN BLVD SUITE 2 PORT ST LUCIE FL 34953	206 Add Remove
MGRM	Ehrenthal, Jeremy	600 SW DARWIN BLVD SUITE 2 PORT ST LUCIE FL 34953	206
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an		enter change(s) here: (Attach additional sheets, if neces	ssary.)
	Brian Feldman Ownership:		
Dated _	March 3	<u>, 2011</u>	
	Signature	of a member or authorized representative of a member	//
		Brian Feldman Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00