

L08000051951

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY

MAR 08 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st Protection Insurance Group, 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:

Jeremy Ehrenthal

Name of Person

C/O ECHI

Firm/Company

3275 W. Hillsboro Blvd. Suite 309

Address

Deerfield Beach, FL 33442

City/State and Zip Code

jeremy@echealthinsurance.com

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

For further information concerning this matter, please call:

Jeremy Ehrenthal

Name of Person

at (954) 571-4177

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
MAR -7 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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 limited liability company here:

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

600 SW DARWIN BLVD #206

PORT ST LUCIE FL 34953 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

600 SW DARWIN BLVD #206

PORT ST LUCIE FL 34953 US

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:

Jeremy Ehrental

New Registered Office Address:

600 SW DARWIN BLVD #206

Enter Florida street address

PORT 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.


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>
MGRM	FELDMAN, LEE	600 SW DARWIN BLVD SUITE 206 PORT ST LUCIE FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ehrenthal, Jeremy	600 SW DARWIN BLVD SUITE 206 PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Jeremy Ehrenthal Ownership: 99%

Brian Feldman Ownership: 1%

Dated March 3, 2011


Signature of a member or authorized representative of a member

Brian Feldman
Typed or printed name of signee