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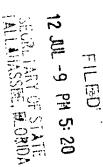
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K.SALY EXAMINER JUL 10.2012

COVER LETTER

TO:

Registration Section

10:	Division of Corpo				
SUBJE	rct. Pf	REMIER CHOICE	INSURANCE GRO	JP LLC	
JOBOLO I.			ted Liability Company		
				·	
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please 1	return all correspond	dence concerning this matter	to the following:		
		D	ANIEL RODRIGUEZ		
			Name of Person		
		EVANS/MICHAEL & ASSOCIATES, INC.			
		Firm/Company			
		2007 SUNSET TERRACE DR			
			Address	· ''	
		C	ORLANDO, FL 32825		
		City/State and Zip Code			
		DANIEL7F	RODRIGUEZ@YAHOO	O.COM	
1, 140		E-mail address: (1	to be used for future annual report	notification)	
For fur	ther information cor	ncerning this matter, please c	all:		
	DANIEL	RODRIGUEZ	at (407)	823-9645	
Name of Person		Area Code & Daytime Telephone 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 end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	Registration 9 Division of C Clifton Build	orporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER CHOICE INSURANCE GROUP, LLCA (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

FILED' 12 JUL -9 PM 5: 20

03/02/2009 The Articles of Organization for this Limited Liability Company were filed on and assigned L09000020494 Florida document number ___ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9565 S. ORANGE BLOSSOM TRAIL Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE B ORLANDO, FL 32837 2007 SUNSET TERRACE DR Enter new mailing address, if applicable: ORLANDO, FL 32825 (Mailing address MAY BE A POST OFFICE BOX) 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: DANIEL RODRIGUEZ Name of New Registered Agent: 9565 S. ORANGE BLOSSOM TRAIL New Registered Office Address:

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.

ORLANDO City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 **Type of Action** Address Title Name ARLENE GUZMAN MGR 9565 S. ORANGE BLOSSOM TRAIL Add [7] ORLANDO, FL 32837 Remove DANIEL RODRIGUEZ MGRM 9565 S. ORANGE BLOSSOM TRAIL ✓ Add Remove ORLANDO FL 32837 MGR **IVELIESSE SANTIAGO** 413 SHORT DRIVE ☐ Add KISSIMMEE, FL 34759 Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00

D'ANIEL RODRIGUEZ