

#L09000020494

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUL 10 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREMIER CHOICE 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:

DANIEL RODRIGUEZ

Name of Person

EVANS/MICHAEL & ASSOCIATES, INC.

Firm/Company

2007 SUNSET TERRACE DR

Address

ORLANDO, FL 32825

City/State and Zip Code

DANIEL7RODRIGUEZ@YAHOO.COM

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

For further information concerning this matter, please call:

DANIEL RODRIGUEZ

Name of Person

at (**407**)

823-9645

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

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

PREMIER CHOICE INSURANCE GROUP, LLC

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/02/2009 and assigned
Florida document number L09000020494.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9565 S. ORANGE BLOSSOM TRAIL

SUITE B

ORLANDO, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2007 SUNSET TERRACE DR

ORLANDO, FL 32825

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:

DANIEL RODRIGUEZ

New Registered Office Address:

9565 S. ORANGE BLOSSOM TRAIL

Enter Florida street address

ORLANDO

City

Florida

32837

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.

Daniel Rodriguez
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>
MGR	ARLENE GUZMAN	9565 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DANIEL RODRIGUEZ	9565 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	IVELIESSE SANTIAGO	413 SHORT DRIVE KISSIMMEE, FL 34759	<input type="checkbox"/> Add <input checked="" 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.)*

Dated

6/22/2012

Signature of a member or authorized representative of a member

DANIEL RODRIGUEZ

Typed or printed name of signee