

08/23/13

12:28PM

PRIMA CARE

9545058113

01

L1100026645

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000188243 3)))



H13000188243ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6283

From:

Account Name : PANAGOS & ASSOCIATES CPA'S LLC
Account Number : 120120000043
Phone : (954) 389-1179
Fax Number : (954) 389-2841

2013 AUG 23 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CPA@PANAGOSCPAS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PREMIUM AUTO CHOICE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

13 AUG 23 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 26 2013

D E C 12

H130001882433

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

PREMIUM AUTO CHOICE, 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 03/03/2011 and assigned Florida document number L11000026645

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2012 AUG 23 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

Enter Florida street address

Florida

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

H130001882433

H130001882433

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	MOISES ISSA, MD	6517 TAFT STREET	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2013 AUG 23 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H130001882433

08/23/13

03:28PM

PRIMARY-CARE

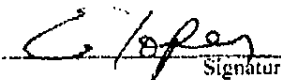
9545057113

p.04

H130001882433

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

Dated AUGUST 23 2013



Signature of a member or authorized representative of a member

EDWARD LOPEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 AUG 23 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H130001882433