

L11000061009

(Requestor's Name)

Gary G. Smith, CPA  
500 NE Spanish River Blvd  
Suite #100 13  
Boca Raton, FL 33431

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

JUL 28 2011

**EXAMINER**

~~6011-38274~~

Office Use Only



800209850428

07/12/11--01010--024 \*\*43.75

**FILED**  
M JUL 26 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2011

GARY G. SMITH CPA  
500 NE SPANISH RIVER BLVD., STE. 13  
BOCA RATON, FL 33431

SUBJECT: FIRST UNITED HEALTH INSURANCE, LLC  
Ref. Number: L11000061009

We have received your document for FIRST UNITED HEALTH INSURANCE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 011A00017282

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FIRST UNITED HEALTH INSURANCE, 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 5/24/2011 and assigned  
Florida document number L11000061009.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FIRST UNITED GROUP, LLC

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:

500 N.E. SPANISH RIVER BLVD. #23

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

500 N.E. SPANISH RIVER BLVD. #23

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33431

**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:

SAME

New Registered Office Address:

500 N.E. SPANISH RIVER BLVD. #23

Enter Florida street address

BOCA RATON

Florida

City

33431

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.

N/A

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

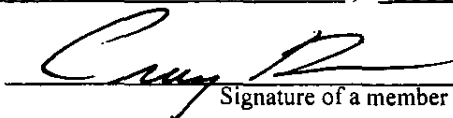
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JULY 26, 2011.



Signature of a member or authorized representative of a member

CRAIG DANZIG

Typed or printed name of signee