

L11000 062129

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

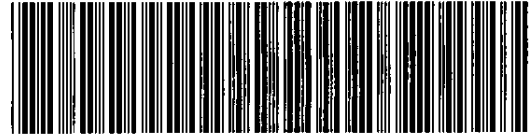
(Business Entity Name)

(Document Number)

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06/20/11--01042--008 **33.75

06/23/11--01006--024 - **21.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 29 AM 10:00

T. HAMPTON

2011

EXAMINER

LEFKOWITZ, SHAW & SENTNER

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ*
THOMAS C. SHAW**
KEVIN A. SENTNER**

430 NORTH MILLS AVENUE, SUITE 4
ORLANDO, FLORIDA 32803

TELEPHONE (407) 425-1974
FACSIMILE (407) 425-1981
WEBSITE: ORLANDOLAW.ORG

* BOARD CERTIFIED IN TAXATION AND
MASTER OF LAWS IN ESTATE PLANNING
** BOARD CERTIFIED IN WILLS, TRUSTS, ESTATES

June 27, 2011

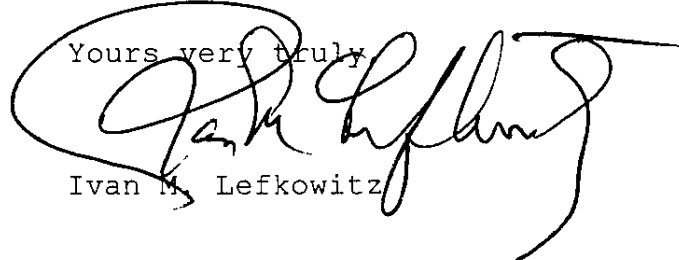
Attn: Tammy Hampton, Regulatory Specialist II
Secretary of State
Bureau of Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Organization
Risk Advisors of American A Division of LRA
Insurance, L.L.C.
Effective Date: Date of Filing

Dear Ms. Hampton:

Enclosed please find your letter numbered 411A00015067, along with the attachments. Also enclosed is a check for the balance due of \$21.25 in order to receive a certified copy of the amendment once the amendment has been processed. Please return the certified copy to this office.

Yours very truly,



Ivan M. Lefkowitz

IML:glg
Enclosures

LEFKOWITZ, SHAW & SENTNER

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ*
THOMAS C. SHAW**
KEVIN A. SENTNER**

430 NORTH MILLS AVENUE, SUITE 4
ORLANDO, FLORIDA 32803

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* BOARD CERTIFIED IN TAXATION AND
MASTER OF LAWS IN ESTATE PLANNING
** BOARD CERTIFIED IN WILLS, TRUSTS, ESTATES

June 17, 2011

Attn: Corporations Division
Secretary of State
Bureau of Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

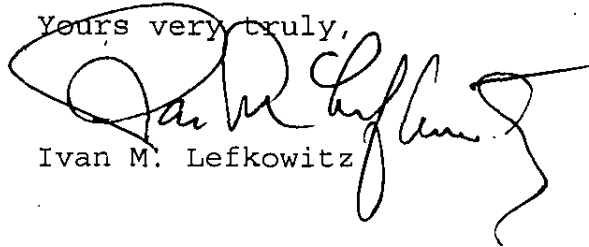
Re: Risk Advisors of American A Division of LRA
Insurance, L.L.C.
Effective Date: Date of Filing

Dear Sir or Madam:

Enclosed are the original and a copy of the Articles of Amendment to the Articles of Organization of the above referenced limited liability company. Please endorse your approval of the Articles of Amendment to the Articles of Organization on the copy, and return a certified copy to this office.

A check is also enclosed in the total amount of \$33.75 to cover the \$25.00 filing fee and the \$8.75 fee for the certified copy of the Articles of Amendment to the Articles of Organization.

Yours very truly,



Ivan M. Lefkowitz

IML:glg
Enclosures
cc: James R. Lumbra, Sr., Manager

LEFKOWITZ, SHAW & SENTNER

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ*
THOMAS C. SHAW**
KEVIN A. SENTNER**

430 NORTH MILLS AVENUE, SUITE 4
ORLANDO, FLORIDA 32803

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WEBSITE: ORLANDOLAW.ORG

* BOARD CERTIFIED IN TAXATION AND
MASTER OF LAWS IN ESTATE PLANNING
** BOARD CERTIFIED IN WILLS, TRUSTS, ESTATES

July 27, 2011

Attn: Tammy Hampton, Regulatory Specialist II
Secretary of State
Bureau of Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Organization
Risk Advisors of American A Division of LRA
Insurance, L.L.C.
Effective Date: Date of Filing

Dear Ms. Hampton:

Enclosed please find your letter numbered 411A00015649. Also enclosed are the Articles of Amendment to the Articles of Organization prepared on the appropriate form. Please process the amendment and return the certified copy to this office. The funds to cover the fee for this service have been previously provided.

Yours very truly,


Ivan M. Lefkowitz

IML:glg
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUL 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 29, 2011

IVAN M LEFKOWITZ
LEFKOWITZ SHAW & SENTNER
430 N MILLS AVE - STE 4
ORLANDO, FL 32803

SUBJECT: RISK ADVISORS OF AMERICA A DIVISION OF LRA INSURANCE,
L.L.C.
Ref. Number: L11000062129

We have received your document for RISK ADVISORS OF AMERICA A
DIVISION OF LRA INSURANCE, L.L.C. and your check(s) totaling \$55.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

You failed to make the correction(s) requested in our previous letter.

Amendments to articles of organization of a Florida limited liability company must
comply with section 608.411, Florida Statutes. For your convenience, we are
enclosing the appropriate form and instructions.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00015649



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2011

IVAN M LEFKOWITZ
LEFKOWITZ SHAW & SENTNER
430 N MILLS AVE - STE 4
ORLANDO, FL 32803

SUBJECT: RISK ADVISORS OF AMERICA A DIVISION OF LRA INSURANCE,
L.L.C.
Ref. Number: L11000062129

We have received your document for RISK ADVISORS OF AMERICA A DIVISION OF LRA INSURANCE, L.L.C. and check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$21.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Amendments to articles of organization of a Florida limited liability company must comply with section 608.411, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00015067

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUL 29 AM 10:08

RISK ADVISORS OF AMERICA A DIVISION OF LRA INSURANCE, L.L.C.

(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 May 26, 2011 and assigned
Florida document number L11000062129

This amendment is submitted to amend the following:

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

RISK ADVISORS OF AMERICA AN AFFILIATE OF LRA INSURANCE, L.L.C.

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)

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

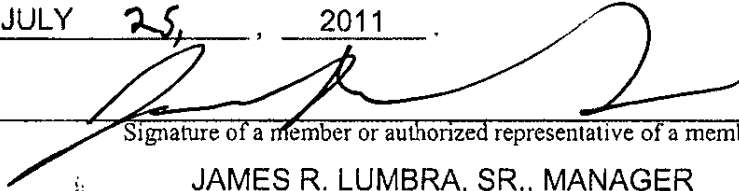
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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 25, 2011



Signature of a member or authorized representative of a member

JAMES R. LUMBRA, SR., MANAGER

Typed or printed name of signee

FILED
11 JUL 29 AM 10:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS