

L12000055092

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(Address)

(Address)

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13 FEB 28 PM 1:38
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 1 - 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Providers Insurance Programs, 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:

Bruce Taylor

Name of Person

Firm/Company

17210 Bermuda Village Drive

Address

Boca Raton, FL. 33487

City/State and Zip Code

btayinsinv@gmail.com

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

For further information concerning this matter, please call:

Bruce Taylor

Name of Person

954 610-3412

at ()

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**

Medical Providers Insurance Programs, LLC.

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

FILED
13 FEB 20 PM 1:38
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/23/2012 and assigned
Florida document number L 12000055092

This amendment is submitted to amend the following:

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

College Funding & Insurance Programs, 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:

17210 Bermuda Village Drive

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL. 33487

Enter new mailing address, if applicable:

Same as above

(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:

Bruce Taylor

New Registered Office Address:

17210 Bermuda Village Drive

Enter Florida street address

Boca Raton

Florida 33487

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:

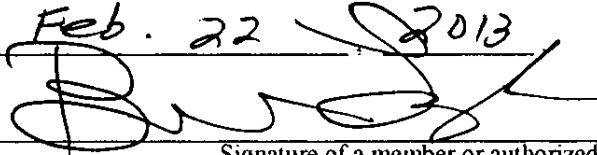
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Medical Partners of Florida, LLC	PO Box 880990	<input type="checkbox"/> Add
		Boca Raton, FL. 33488	<input checked="" type="checkbox"/> Remove
MGRM	Bruce Taylor	17210 Bermuda Village Dr.	<input checked="" type="checkbox"/> Add
		Boca Raton, FL. 33487	<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

Feb. 22 2013


Signature of a member or authorized representative of a member

Bruce Taylor, as Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00