P.001 Page lot i

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From:

Account Name : BILZIN SUMBERG BAENA PRICÉ & AXELROD LLP

Account Number : 075350000132

Phone

: (305)374-7580

Fax Number

: (305)351-2122

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SEP 28 2015

S. YOUNG

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

NSI INSURANCE GROUP, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 29, 2015	and assigned
Florida document number L15000094128		
This amendment is submitted to amend the following:		SERVICE FI
A. If amending name, enter the new name of the limited liabi	ility company here:	72 产
NSI INSURANCE GROUP HOLDINGS, LLC		SE OF THE
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "LEC."
Enter new principal offices address, if applicable:		52 =
(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 of registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	·	<u> </u>
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
l hereby accept the appointment as registered agent and agre	ee 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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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

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SEP-25-2015 FRI 03:27 PM BILZIN SUMBERG

FAX:3053747593

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

MGR = M $AMBR = A$	lanager Luthorized Member		
<u>Title</u>	Name	Address	Type of Action
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FAX:3053747593

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f amending any other information, enter cha	nge(s) bere: (A	tach additional she	eets, if necessary.)
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Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date	of months or filed de	to and amount he more t	(optional)
the date this document is filed by the Florida Department		e and camer be more	man 90 days and
September 25	2015		
//s// Oscar F. Seikaly			
Signature of a me	mber or authorized	representative of a mer	nber
Oscar F. Seikaly			
	yped or printed nam	e of signee	

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