

L18000134343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

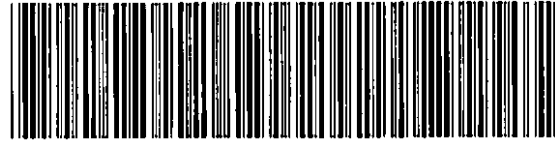
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

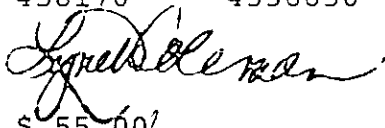
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CLERK OF COURT
TALLAHASSEE, FL

OCT 19 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 458170 4336650
AUTHORIZATION : 
COST LIMIT : \$ 55.00'

ORDER DATE : October 15, 2020

ORDER TIME : 11:0 AM

ORDER NO. : 458170-010

CUSTOMER NO: 4336650

DOMESTIC AMENDMENT FILING

NAME: 3401 MIDTOWN HOLDINGS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS: _____

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

3401 MIDTOWN HOLDINGS 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 May 30, 2018 and assigned
Florida document number L18000134343.

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 contain 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)

Premier Assurance Group SPC Ltd.

128 Elgin Avenue, Sussex House, Suite 200

Grand Cayman, Cayman Islands, KY1-1206

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Attn: Jason Robinson and Jeffrey Stower, Premier Assurance

Group SPC Ltd, c/o PO Box 493, KPMG, SIX Cricket Square

Grand Cayman, Cayman Islands KY1-1106

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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

City


Florida

32301

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 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

Amanda Robinson
Asst. Vice President

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Premier Assurance Group SPC Ltd.	Attn: Jason Robinson and Jeffrey Stower, c/o KPMG	<input checked="" type="checkbox"/> Add
		SIX Cricket Square	<input type="checkbox"/> Remove
		Grand Cayman, KY1-1106, Cayman Islands	<input type="checkbox"/> Change
MGR	Javier Jimenez	1901 Ponce de Leon Blvd.	<input type="checkbox"/> Add
		Coral Gables FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 DIVISION OF TAX SERVICES

FILED

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

N/A

FILED

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DEPT OF STATE
REC. MARIETTA

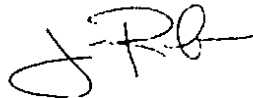
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 14 , 2020



Signature of a member or authorized representative of a member

Jason Robinson

Typed or printed name of signee

Filing Fee: \$25.00