

585267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

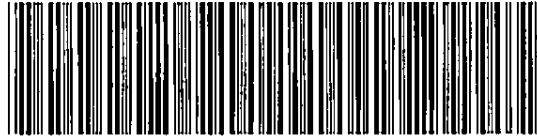
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000437629620

Amend

FILED
2024 OCT 14 AM 11:21
CLERK OF DISTRICT COURT
STATE OF MONTANA

A. RAMSEY
OCT 15, 2024

RECEIVED
2024 OCT 14 AM 11:25
CLERK OF DISTRICT COURT
STATE OF MONTANA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 10/11/24
Order #: 1644606-1
Re: American Bankers Insurance Group, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

A handwritten signature in black ink, appearing to read "Amanda Miller", is written diagonally across the right side of the page.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Bankers Insurance Group, Inc.

DOCUMENT NUMBER: 585267

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Betty Corzo
Name of Contact Person
Assurant
Firm/ Company
P.O. Box 979199
Address
Miami, FL, 33197-9199
City/ State and Zip Code
betty.corzo@assurant.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannie Aragon-Cruz at (305) 2532244
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2024 OCT 14 AM 11:21

American Bankers Insurance Group, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

585267

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

260 Interstate N Cir SE, Atlanta, GA 30339

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 979199, Miami, FL 33197-9199

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

August 26, 2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

10/11/2024 | 12:40 PM EDT

Dated _____

Signed by: _____

Signature _____

Jeannie Amy Aragon-Cruz

8AD9DC3700804F3

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jeannie Aragon-Cruz

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FIRST AMENDMENT
TO THE FOURTH AMENDED & RESTATED ARTICLES OF INCORPORATION OF
AMERICAN BANKERS INSURANCE GROUP, INC.

The undersigned, being the duly elected and acting Secretary of American Bankers Insurance Group, Inc. (the "Corporation"), hereby certify that:

1. **Authority for Amendment.** This First Amendment to the Fourth Amended & Restated Articles of Incorporation is made pursuant to the provisions of Chapter 617, Fla. Stat.
2. **Approval.** The amendment set forth below has been duly approved by the required vote of shareholders and the Board of Directors of the Corporation in accordance with the provisions of the Florida Statutes and bylaws of the Corporation.
3. **Amendment to Article III of the Articles of Incorporation.**

Existing Text of Article III:

"The address of the registered office of the Corporation in the State of Florida is 11222 Quail Roost Drive, Miami, Florida 33157-6596. The name of its registered agent at that address is Arthur W. Heggen."

Amended Text of Article III:

"The principal office of the Corporation shall be 260 Interstate N Cir SE, Atlanta, GA 30339, and its mailing address shall be P.O. Box 979199, Miami, FL 33197-9199, or, in each case, at such other place as may be subsequently designated by the Board of Directors."

4. **Effective Date of Amendment.** This Amendment is ratified and shall be effective as of August 26, 2024.

IN WITNESS WHEREOF, the undersigned has executed this First Amendment to the Fourth Amended and Restated Articles of Incorporation of the Corporation on this 11th day of October 2024.

E-SIGNED by Jeannie Aragon-Cruz
on 2024-10-11 16:41:48 GMT

Jeannie Aragon-Cruz
Secretary
American Bankers Insurance Group, Inc.