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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (B50)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LIP

Account Number : 075350000132 Phone : (305)374-7580

Phone : (305)374-7580 Fax Number : (305)351-2122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NSI INSURANCE GROUP, LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NSI INSURANCE GROUP, LLC		
(Name of the Limit	ed Liability Company as it now appears or (A Florida Linuised Liability Company)	our records.)
The Articles of Organization for this Limited L. Florida document number L00000002535	ability Company were filed on 3:6/00	and assigned
This amendment is submitted to amend the foll	owing:	•
A. If amending name, enter the new name o	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the design	
Enter new principal offices address, if applic	able:	24 2
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX	T A #5
•		Om o
B. If amending the registered agent and registered agent and/or the new registered o		ur records, enter the name of the ne
Name of New Registered Agent:	Oscar F. Seikaly	
New Registered Office Address:	8181 NW 154th Street Suite 230	
THE THE PERSON AND TH	Enter Floride	street uddross
	Miami Lakes	Florida 33016-5882
	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 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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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>	Address	Type of Action
MGRM	George J. Nenezian	8181 NW 154th Street Suite 230	
		Miami Lakes, FL 33016-5882	≅ Remove
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	Department of State's recon-	15.		
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record specifies a delaye he 90th day after the re ed	Signature of a member or au	thorized representative of a		٠. بر