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IVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

THER 29 MAILS

B. KOHR

MAR 2 9 2011

EXAMINER

11 MAR 29 PM 3: 27

SECRETARY OF STATE OVISION OF CORPORATIONS



1203 Governors Square Blvd. Taliahassee, FL 32301-2960

850 222 1092 tel 850 878 5368 fax www.ctlegalsolutions.com

March 29, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 8106803 SO

Customer Reference 1: 870910-05

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Huckleberry, Sibley & Harvey Insurance and Bonds of Brevard, LLC (FL) New Name: New Name: Bowen, Miclette & Britt of Brevard, LLC Amendment (Change of Name) Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com 1 AMR 29 PH 3: 27

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Y & HARVEY INSURANCE AND B		LC Egg
(Name of the Limit	ted Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	LCand assigned
		•	7
The Articles of Organization for this Limited	Liability Company were filed on _	FEBRUARY 4, 2004	and assigned
Florida document numberL040000	09664		20
			,
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
BOWEN	i, miclette & britt of brevar	D, LLC	
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviat
Enter new principal offices address, if app	licable:		
(Principal office address MUST BE A STRI	EET ADDRESS)		
		•	
	,		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	E BOX)		
	.		
B. If amending the registered agent an	•	our records, enter the	ne name of the n
registered agent and/or the new registered	office address here:		
Name of New Registered Agent:	C T CORPORATION SYSTEM		
Name of New Registered Agent.			
New Registered Office Address:	1200 SOUTH PINE ISLAND RC	NAD Enter Florida street addr	
	E	onier Fioriaa sireel aaar	
	PLANTATION City	, Florida	33324 Zip Code

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

Page 1 of 2

Howard L. Volz Asst. Secretary 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>	Name	Address	Type of Action
MGR	EDWARD G. BRITT, JR.	1111 NORTH LOOP WEST, SUITE 400 HOUSTON, TEXAS 77008	⊠ Add Remove
MGR	KRISTI LOVETT	1111 NORTH LOOP WEST, SUITE 400 HOUSTON, TEXAS 77008	Add Cemove
MGR	CRAIG B. SIBLEY	1020 N. ORLANDO AVE., SUITE 200 MAITLAND, FLORIDA 32751	Add 🔀 Remove
MGR	TERRY L. JAMES	1020 N. ORLANDO AVE., SUITE 200 MAITLAND, FLORIDA 32751	Add X Remove
<u> </u>			□Add □Remove
			Add Remove
	iding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	
			-
_			
Dated	March 28	2011/	
	(\mathcal{L})	niber or authorized representative of a member DWARD G. BRITT, JR. yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00