L04 0000 58901

(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:

J. HORNE
MAR 27 2025

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2025 MAR 25 PM 3:19

CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 03/26/25
Order #: 1894938-1
Re: Scholastic Insurance of Florida, L.L.C.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:
Amount to be deducted from our State Account: $60.0 +CC - 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.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Scholastic Insurance of Florida, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Ludwiski
Name of Person

Barrett McNagny LLP
Firm/Company

215 E Berry Street
Address

Fort Wayne, Indiana
City/State and Zip Code

tel@barrettlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Ludwiski at (260) 423-8870
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee

☐ $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

■ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2025 MAR 25 AM 11:22

Scholastic Insurance of Florida, L.L.C.

(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 August 9, 2004 and assigned Florida document number L04000058901.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DOXA Claims, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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, **Florida** 32301
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.

Shauna Godbolt

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
AMBR	DOXA Accident & Health Insurance, LLC	3165 MCCRORY PL SUITE 100 ORLANDO, FLORIDA 32803	☐ Add ■ Remove ☐ Change
AMBR	DOXA Insurance Holdings, LLC	101 EAST WASHINGTON BLVD 10th FLOOR FORT WAYNE, INDIANA 46802	■ Add ☐ Remove ☐ Change
CEO	Matthew Sackett	101 EAST WASHINGTON BLVD 10th FLOOR FORT WAYNE, INDIANA 46802	☐ Add ■ Remove ☐ Change
COO	Timothy Wiggins	101 EAST WASHINGTON BLVD 10th FLOOR FORT WAYNE, INDIANA 46802	☐ Add ■ Remove ☐ Change
CFO	Kevin Wall	101 EAST WASHINGTON BLVD 10th FLOOR FORT WAYNE, INDIANA 46802	☐ Add ■ Remove ☐ Change
P	Manny Cocurull	3165 MCCRORY PL SUITE 100 ORLANDO, FLORIDA 32803	☐ Add ■ Remove ☐ Change

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

SEE ATTACHED

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 March 25, 2025.

Signature of a member or authorized representative of a member

DOXA Insurance Holdings, LLC, Member, By: Ammon Smartt, its General Counsel and Secretary

Typed or printed name of signee

AMEND-228603

Filing Fee: $25.00

AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF
SCHOLASTIC INSURANCE OF FLORIDA, L.L.C.

Pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, the undersigned Member, hereby adopts the following amended and restated articles of organization (the "Amended and Restated Articles of Organization") of **SCHOLASTIC INSURANCE OF FLORIDA, L.L.C.**, a limited liability company duly organized and existing under the laws of the State of Florida, and hereby amends, restates, and replaces those Articles of Organization of the Company as originally filed on August 9, 2004, and assigned document number L04000058901, and confirms that these Amended and Restated Articles of Organization hereby amend and replace the provisions of the Company's existing Amended and Restated Articles of Organization in their entirety:

ARTICLE I. NAME

The name of the limited liability company is DOXA CLAIMS, LLC.

ARTICLE II. ADDRESS

The street and mailing address of the Company's principal office is:

3165 McCrory Place Suite 100
Orlando, Florida 32803

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the registered agent of the Company is 1201 Hays Street, Tallahassee, Florida 32301, and the name of the Company's registered agent at that address is Corporation Service Company.

ARTICLE IV. DURATION AND CONTINUATION

The period of the Company's duration shall continue perpetually, unless terminated in accordance with the Company's Operating Agreement, as amended from time to time, or pursuant to the Florida Revised Limited Liability Company Act, as amended from time to time.

ARTICLE V. MANAGEMENT

The Company shall be conducted, carried on, and managed by its Member and is, therefore, a member-managed limited liability company. The name, title and address of each entity and/or person authorized to manage and control the Company are:

Title:	**Name and Address**
Authorized Member	DOXA Insurance Holdings, LLC 101 East Washington Blvd 10th Floor Fort Wayne, IN 46802

IN WITNESS WHEREOF, the undersigned has executed this instrument on this 24th day of March, 2025.

DOXA Insurance Holdings, LLC
Its sole Member

By: _____
J. Ammon Smartt
Its General Counsel and Secretary

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Scholastic Insurance of Florida, L.L.C.
Name of Limited Liability Company

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