

LD4000077645

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

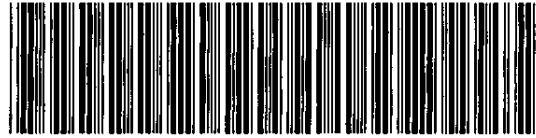
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HARBOR INSURANCE MANAGERS OF FLORIDA, LLC  
(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:

ROBERT NEWTON  
(Name of Person)

HARBOR INSURANCE GROUP, INC  
(Firm/Company)

8113 RIDGEPPOINT DRIVE, SUITE 214  
(Address)

IRVING, TX 75063  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ROBERT NEWTON at ( 214 ) 496-3614  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HARBOR INSURANCE MANAGERS OF FLORIDA, LLC  
(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on OCTOBER 26, 2004 and assigned document number L04000077645.

SECOND: This amendment is submitted to amend the following:

CHANGE BUSINESS ADDRESS TO:

12506 CAMBRIDGE AVE


TAMPA, FL 33624

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 30 AM 10:58

FILED

Dated MAY 26, 2006

  
Signature of a member or authorized representative of a member

ROBERT NEWTON

Typed or printed name of signee

Filing Fee: \$25.00