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CLERK OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 06/01/13

MAY 22 2013

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coastal Risk Underwriters 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:

Geoffrey Rosenblat

Name of Person

Edwards Wildman Palmer LLP

Firm/Company

20 Church St.

Address

Hartford, CT 06103

City/State and Zip Code

corey.neal@icg360.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geoffrey Rosenblat

Name of Person

at (**860**) **541-7766**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Coastal Risk Underwriters LLC

(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 November 29, 2005 and assigned Florida document number L05000114209.

This amendment is submitted to amend the following:

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

SageSure Insurance Managers LLC

The new name must be distinguishable and end with 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)

2082 Summit Lake Drive

Suite 1

Tallahassee, FL 32317

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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

EFFECTIVE DATE

06/01/13

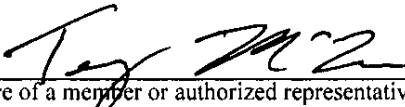
MGR = Manager
MGRM = Managing Member

☐ Remove
 223 MAR 21 PM 1:22
☐ Add
 TALLAHASSEE FLORIDA
☐ Remove

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

These Articles of Amendment shall be effective as of June 1, 2013.

Dated May 16, 2013.



Signature of a member or authorized representative of a member

TERRENCE McLEAN

Typed or printed name of signee

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Filing Fee: \$25.00

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