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☐ PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALL ANASSES FLORID

MAR 27 2015 J. HARRIS

COVER LETTER

TO:		istration Secti sion of Corpo				•
SUBJE	·CT.	Strategic I	nsurance Managemer	nt, LLC		
SUBJE	ACT;		Name of Limi	ited Liability Company		
The end	closed	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please r	return	all correspond	ence concerning this matter	to the following:		
			Erik J. Eavenson			
				Name of Person		
				Firm/Company		
			3553 Gatwick Manor	^r Lane		
				Address		
			Melbourne, FL 3294	0		
			EEAVENSON@CFL.	City/State and Zip C	Code	
			_	o be used for future an	nual report notificat	tion)
For furt	her in	formation con	cerning this matter, please ca	ill:		
ERIK	J E	AVENSON		321	863-4800	
		Name of Po	erson	Area Code	Daytime Te	elephone Number
Enclose	ed is a	check for the t	following amount:			
			■ \$30.00 Filing Fee &	□ \$55.00 Filing I	Fee &	□ \$60.00 Filing Fee,
			Certificate of Status	Certified Cop (additional copy		Certificate of Status & Certified Copy (additional copy is enclosed)
			G ADDRESS: on Section		EET/COURIER stration Section	ADDRESS:

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



March 12, 2015

ERIK J EAVENSON 3553 GATWICK MANOR LANE MELBOURNE, FL 32940

SUBJECT: STRATEGIC INSURANCE MANAGEMENT, LLC

Ref. Number: L06000034606

We have received your document for STRATEGIC INSURANCE MANAGEMENT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P13000007382.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 615A00005094

SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRATEGIC INSURANCE MANAGEMENT, 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 Life Florida document number L06000034606	ability Company	were filed on API	RIL 3, 2006	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
PRICO MANAGEMENT GROUP, LLC				
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:	3553 GATWI	CK MANOR LANG	3E
(Principal office address MUST BE A STREE	T ADDRESS)	MELBOURN	E, FL 32940	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	or registered of			2015 HAR 24 PH L: 07 of the new AHASSEE FLORIDA
Name of New Registered Agent:	-			
New Registered Office Address:	3553 GATV	VICK MANOR L	ANE	
		Enter Florid	la street address	
	MELBOURI	NE	, Florida <u>32</u>	940
		City		Zip Code
Naw Degistered Agent's Signature if changing I	lagistavad kaants			

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MASSEE, FLORID.	move [
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). If amending any other information,	enter change(s) here: (Attach a	dditional sheets, if necessary.)
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Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida		(optional) annot be more than 90 days after
Dated FEBRUARY 23		_
	S. C.	
Sign	ature of a member or authorized represer	ntative of a member
ERIK J EAVENSON		
	Timed or printed name of cia	naa

Page 3 of 3

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