L06000055854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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JUN 6 2011

EXAMINER

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CORPORATION SERVICE COMPANY®

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ACCOUNT NO. : I20000000195

REFERENCE : 789594 7536688

AUTHORIZATION

COST LIMIT : $ 60.00

ORDER DATE : May 25, 2011

ORDER TIME : 9:31 AM

ORDER NO. : 789594-005

CUSTOMER NO: 7536688

DOMESTIC AMENDMENT FILING

NAME: VK HOWDEN, LLC

XX___ ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: _____

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN -6 PM 3:24

TO: Registration Section
Division of Corporations

SUBJECT: VK HOWDEN, 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:

KIKA ELKIND
(Name of Person)

VK HOWDEN, LLC
(Firm/Company)

9100 S. DADELAND BLVD, SUITE 1500
(Address)

MIAMI FL 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

KIKA ELKIND at ( ) 786-275-3252
(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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VK HOWDEN, 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 05/31/2006 and assigned Florida document number L06000055854.

This amendment is submitted to amend the following:

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

HOWDEN INSURANCE, 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)

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)

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

Title	Name	Address	Type of Action
MGR	Maria Elkind (Kika)	9100 S. Dadeland Blvd Suite 1500 Miami, FL 33156	☐ Add ☐ Remove
MGR	Jose Astorqui	801 Brickell Ave Suite 900 Miami, FL 33130	☑ Add ☐ Remove
MGR	Robert Vernon	9100 S. Dadeland Blvd Suite 1500 Miami, FL 33156	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 05/12, 2011.

Kika Elkind
Signature of a member or authorized representative of a member

KIKA ELKIND
Typed or printed name of signee

Filing Fee: $25.00