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## **COVER LETTER**

SUBJECT: Xlini	ty Insurance LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Erika Medina			
Erika Medina Name of Person  Xfinity Insurance LLC Firm/Company  5246 S.W. 8th St, Suite 102-A Address					
		Firm/Company			
	52-	46 S.W. 8th St, Suite 102-A			
Coral Gables, FL, 33134					
		City/State and Zip Code			
	E-mail address; (	erika@usatruckbrokers.com to be used for future annual report notif	ication)		
SUBJECT: Xfinity Insurance LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Erika Medina Name of Person  Xfinity Insurance LLC  Firm/Company  5246 S.W. 8th St, Suite 102-A  Address  Coral Gables, FL, 33134  City/State and Zip Code  erika@usatruckbrokers.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Juan Restrepo  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status & Certificat Copy  Certificate of Status & Certificat Copy					
			Talankara Marakara		
,Name	e of Person	Area Code Daynme	e Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &		

MAILING ADDRESS:

TO:

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

Xfinity Insuran ( <u>Name of the Limited Liability (</u> (A Florida Li		nears on our records.)	
The Articles of Organization for this Limited Liability Co	mpany were filed	September 11, 2006	and assigned
on Florida document number 1.06000088970			
This amendment is submitted to amend the following: Nar	ne		
A. If amending name, <u>enter the new name of the limited</u>	l liability compan	y here:	
USA Specialty Insurance, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company,"	the designation "LLC" or the a	bbreviation "62. C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		2 [
Enter new mailing address, if applicable:			2. <u></u>
(Mailing address MAY BE A POST OFFICE BOX)			37 9
B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:		on our records, <u>enter</u>	the name of the r
Hame of New Negistered Agent.			
New Registered Office Address:	Entire	Florida street address	
	тяпа	i no mu so vei adaress	
		, Florida	
	City		Zip Code

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 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 Type of Action **Title** Name . <u>Address</u> □ Add ☐ Remove ☐ Change \_□ Add □ Remove \_\_\_\_\_ Change \_\_\_\_\_ \_\_ \_\_ \_\_ Add □ Remove \_\_\_\_\_ Change \_ 🗆 Add □ Remove □ Change □ Add □ Remove ☐ Change □ ∧dd

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Note: 1	ve date, if other than the date of filing: 02/09/2018 (optional) entire 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 60. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	(3)(207 (3)( ted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	ier of:
Dated_	January 24 2018.	
	Signature of a member or authorized representative of a member	
	Erika Medina Typed or printed name of signee	

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Filing Fee: \$25.00