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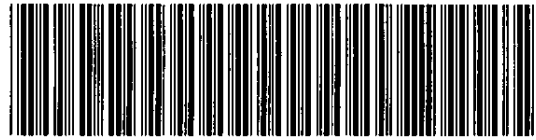
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MURPHY Insurance Services, 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:

CAROL A. MURPHY
(Name of Person)

Super Insurance of South West FLORIDA
(Firm/Company)

3333 Renaissance BLVD #203
(Address)

Bonita Springs, FL 34134
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL ADAM MURPHY at (239) 200-1688
(Name of Person) (Area Code & Daytime Telephone Number)

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Enclosed is a check for the following amount:

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☐ \$30.00 Filing Fee &
Certificate of Status

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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

MURPHY INSURANCE SERVICES LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on December 6, 2006 and assigned
document number LO6000117737

SECOND: This amendment is submitted to amend the following:

① NEW NAME Super Insurance of
South West Florida LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated November 19, 2007

Carol Adam Murphy

Signature of a member or authorized representative of a member

CAROL ADAM MURPHY

Typed or printed name of signee