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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Gallagher Property and Casualty, 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:

Walter J. Stanton III  
Name of Person

Carney Stanton P.L.  
Firm/Company

4000 Ponce De Leon Boulevard #470  
Address

Coral Gables, FL 33146  
City/State and Zip Code

stanton@carneystanton.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter J. Stanton III      305      458-5131  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Gallagher Property and Casualty, 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 May 8, 2008 and assigned  
Florida document number L08000046575.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

9020 SW 137th Avenue

#250

Miami, FL 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9020 SW 137th Avenue

#250

Miami, FL 33186

**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:

Carney Stanton P.L.

New Registered Office Address:

4000 Ponce De Leon Boulevard #470

Enter Florida street address

Coral Gables

City

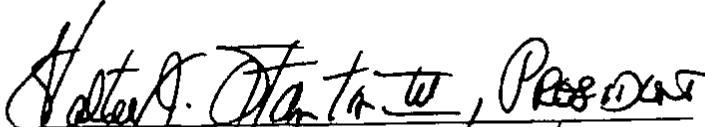
Florida

33146

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 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  
CARNEY STANTON P.L.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Old Orchard Point, LLC	201 S. Biscayne Boulevard	<input type="checkbox"/> Add
		Suite 3400	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131-4325	<input type="checkbox"/> Change
MGR	Papy Insurance Holdings, LLC	1190 S. Alhambra Circle	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 ST. JOHNS COUNTY CLERK'S OFFICE

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

Article IV: Management of the Company is amended as follows:

The Company will be a Manager Managed Company.

The name and address of the Manager is Papy Insurance Holdings, LLC with an address of

1190 S. Alhambra Circle, Coral Gables, FL 33146

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JULY 23 2019

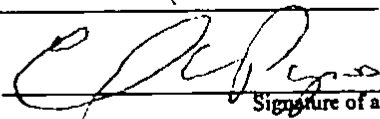
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated July 20, 2019



Signature of a member or authorized representative of a member

Charles C. Papy III

Typed or printed name of signee