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Florida Department of State
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Account Number : 071005001001
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA INSURANCE PARTNERS LLC

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T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Insurance Partners LLCc
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:

David R. Phillips, Esq.
Name of Person

Macfarlane Ferguson & McMullen
Firm/Company

625 Court Street, Suite 200
Address

Clearwater, FL 33756
City/State and Zip Code

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

For further information concerning this matter, please call:

Jill Mossor at **(727) 441-8966**
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Insurance Partners LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 10/17/2008 and assigned Florida document number L08000098132

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 601 Cleveland Street Suite 330 Clearwater, FL 33755 (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: David R. Phillips, Esq. New Registered Office Address: 625 Court Street, Suite 200 Clearwater, Florida 33756 (Enter Florida street address, 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:

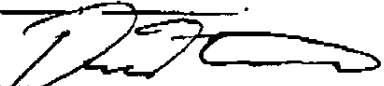
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joseph W. Faw	433 2nd Street South Suite A Safety Harbor, FL 34695	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jerome A. Ciliento	1708 Laurie Lane Belleair, FL 33756	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Conway M. Kevin	520 South Armenia Tampa, FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ryan Clegg	601 Cleveland Street Suite 330 Clearwater, FL 33755	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated **June 28** **2013**



Signature of a member or authorized representative of a member

David R. Phillips, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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