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T. CLINE

APR 2 1 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	nsurance Group LLC	2			
SORTECL: IAMENTIL I					
•					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return an correspo	ondence concerning this matter	to the following.			
	Monica d'ACHON				
	MONIGO STOTOTO	(Name of Person)			
	Miami Insurance Group I	ıc			
(Firm/Company)					
	7231 Biscayne Boulevar				
		(Address)	ECA T		
	Miami, FL 33138		HAD R 2		
		(City/State and Zip Code)	APR 20 PH		
		.,	E.F. PA		
For further information (concerning this matter, please o	all:	2009 APR 20 PH 12: 5' SECRETARY OF STATI		
Monica d'ACHON		at (305) 865 6112	TEA SO		
	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for t	the following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee, Certificate of Status &		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy		
			(additional copy is enclosed)		
MAÏI	LING ADDRESS:	STREET/COURIER	ADDRESS:		
Registration Section		Registration Section Division of Corporation	anc.		
Division of Corporations P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Insurance Group LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.	<u> </u>	
(** 1 fortida Emitted 1	Entonity Company)		
The Articles of Organization for this Limited Liability Company	were filed on 03/30/2009	and assigned	
Florida document number L 09000030916			
This amendment is submitted to amend the following:			
A 16 amounting a grant of the grant of the state of the s	*B*4		
A. If amending name, enter the new name of the limited liab	oility company here:		
MIG MIAMI LLC			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	on "Liber the breviation	
2.5		APR CRET	
Enter new principal offices address, if applicable:	7231 Biscayne Boulevard		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33138	SRY 0	
		PHIZ:	
		[2] S. 12	
Enter new mailing address if applicables	7231 Biscayne Boulevard		
Enter new mailing address, if applicable:	Miami, FL 33138	9	
(Mailing address MAY BE A POST OFFICE BOX)			
B 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the nev	
- Separate and of the new registered white address nor	<u>r</u> .		
Nome of New Basistand Assets	•		
Name of New Registered Agent:	11.54.54.5		
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ≒ l MGRM :	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
E .			Add Remove
			Add Remove
			Add Remove
		HASS	APR AREMOVE PRETIONS
			Addo
			Add Remove
D. If am		ange(s) here: (Attach additional sheets, if necessary.)	
	CORRECTION ON ONE OF A MGR:	and the WARRE with the Control of th	***
	KETTLY instead KETLY		_
	MIAMI instead MIRAMAR		-
Dated A	oril 15 , 20 Signature of a mer		_
	Monica d'ACHON	, - ,	
		ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00