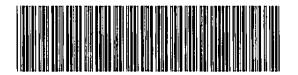
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ALLAHASSEE, FLORID.

COVER LETTER

Division of C					
CHANG SUBJECT:	E NAME OF THE CORPORAT	ION			
Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	SERGE DOUYON				
		Name of Person			
	SEBOLIS INSURANCE I	A.C			
		Firm/Company	······································		
	4349 IOTH A VE NORTE	i			
		Address			
	LAKE WORTH, FL, 3346	51			
		City/State and Zip Code			
	SEBOLISINSURANCE@		 		
	E-mail address: (to be used for future annual report notif	ication)		
For further information	concerning this matter, please c	all:			
SERGE DOUYON		561 304-4912			
Name	of Person	at ()	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, F1, 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

SEBOLIS INSURANCE LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/24/2009</u>	and assigned
Florida document number L09000071241		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
SEBOLIS AUTO INSURANCE LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		至
		SSE 32
Enter new mailing address, if applicable:		mg 2 O
(Mailing address MAY BE A POST OFFICE BOX)		100 J
		33
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
- 	Enter Florida street address	
	, Florid	da
	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 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 <u>Title</u> <u>Name</u> Address Type of Action _□ Add _□ Remove _□ Change _□ Add _□ Remove __ D Change _□ Add __□ Remove ☐ Change

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(If an e <u>Note</u> docu	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 605,020 of 15 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	s the
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