

09-17-10 02:25PM FROM-Akerman Senterfitt
Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AKERMAN SENTERFITT (MIAMI)
Account Number : 075471001363
Phone : (305)374-5600
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IBEROAMERICAN UNDERWRITING LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$60.00

RECEIVED
10 SEP 17 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 SEP 17 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

SEP 20 2010

EXAMINER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IBEROAMERICAN UNDERWRITING LLC

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

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10 SEP 17 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/10/2010 and assigned
Florida document number L10000083826

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: 1395 BRICKELL AVENUE, STE. 800
(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33131

Enter new mailing address, if applicable: 1395 BRICKELL AVENUE, STE. 800
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33131

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: _____

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

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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/P	Antonio Morera Vallejo	1395 Brickell Avenue, Suite 800 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR/VP	David Lozano	1395 Brickell Avenue, Suite 800 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR/T/S	Carlos Villafaina	1395 Brickell Avenue, Suite 800 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Pedro A. Freyre	Akerman Senterfitt One SE Third Avenue, 25th Floor Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Signature of a member or authorized representative of a member

Pedro A. Freyre

Typed or printed name of signer

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Filing Fee: \$25.00

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