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COVER LETTER

TO:	Registration S Division of Co					
SHRIE		uthern Insurance LLC				
30036	SUBJECT:Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	etum all correspo	ondence concerning this matter	to the following:			
		Nicole Schreier				
			Name of Person			
	ACCEL Compliance LLC					
	Firm/Company					
		65 LaSalle Road Suite 400)			
	Address					
	West Hartford CT 06107					
			City/State and Zip Code			
		Brad.Panos@FloridaSouth	ernInsurance.com to be used for future annual report noti			
For furth	er information c	oncerning this matter, please c	•	neanon		
Nicole S	ichreier		860 761-8554			
	Name o	f Person		e Telephone Number		
Enclosed	is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Southern Insurance LLC

(Name of the Limited Liability Comm (A Florida Limited	any as it now appears on our record Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	y were filed on 09/16/2010	and assigned
Florida document number L10000097218		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Panos Holdings LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		^3
(Principal office address MUST BE A STREET ADDRESS)		0.00
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5		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		8 N O
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registere
New Registered Office Address:	Enter Florida street addres	
	, Flo	OridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	•	zip code
hereby accept the appointment as registered agent and agree or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I ful performance of my duties, ar provided for in Chapter 605, .	nd I am familiar with and F.S. Or, if this document is

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
			□ Remove
			Change APR -6
			Rentoye
			999 1
			□ Remove
			OChange
			□Remove
			□Remove
			□ Change

	nation, enter change(s) here: (Attach addition	ar sincera, y necessary.
<u>.</u>		
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		231 20
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		- Jr O
<u></u>		
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	the date of filing: ust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing re Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3)(b) equirements, this date will not be listed as the
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Dated March 30	2020	
HI		
	Signature of a member or authorized representative of	a member
Bradley Panos		

Filing Fee: \$25.00

Typed or printed name of signee