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| PICK-UP                    | WAIT                 | MAIL            |
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| (Busi                      | ness Entity Nar      | ne)             |
|                            |                      |                 |
| (Docu                      | ıment Number)        |                 |
|                            |                      |                 |
| Certified Copies           | Certificates         | s of Status     |
|                            |                      |                 |
| Special Instructions to Fi | ling Officer:        |                 |
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12 APR 23 PH 3: 21
SEURETARY OF STATE
TALL ALLASSEES FLORID.

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## **COVER LETTER**

| Division of Corpo  |   |   |  |  |
|--|---|---|--|--|
| SUBJECT: _ Flori   |   | sualty Insurance Agency,<br>lited Liability Company               | LLC  |  |
| The enclosed Articles of Ar                                    | nendment and fee(s) are su                          | bmitted for filing.   |  |  |
| Please return all correspond                                   | lence concerning this matte                         | r to the following:   |  |  |
|  |   | Michael R. Buza   |  |  |
|  |   | Name of Person  |  |  |
| Florida Property & Casualty Insurance Agency, LLC Firm/Company |   |   |  |  |
|  | •   | синусопрацу   |  |  |
|  |   | 3333 Ocean Drive  |  |  |
|  |   | Address   |  |  |
|  | V   | /ero Beach, FL 32963  |  |  |
|  |   | City/State and Zip Code   |  |  |
|  | Ramail andress:                                     | mbuza@pbiag.com to be used for future annual report notification  | · ·  |  |
| For further information con-                                   |   | •   |  |  |
| Micha  | el R. Buża  | at ( 561 ) 28   | 32-7071  |  |
| Name of Pe   | Name of Person Area Code & Daytime Telephone Number |   | elephone Number  |  |
| Enclosed is a check for the t                                  | ollowing amount:                                    |   |  |  |
| \$25.00 Filing Fee [   | \$30.00 Filing Fee &<br>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

FILED 12 APR 23 PM 3: 21

SECRETARY OF STATE. TALLAHASSEE, FLORIDA

Florida Property & Casualty Insurance Agency, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liab<br>Florida document numberL100001105      |                                     | 10/22/2010                            | and assigned            |  |
|--|-------------------------------------|---------------------------------------|-------------------------|--|
| This amendment is submitted to amend the follow  | ving:                               |                                       |                         |  |
| A. If amending name, enter the new name of t   | the limited liability company here  | <b>;</b>                              |                         |  |
| The new name must be distinguishable and end with "L.L.C."                                   | the words "Limited Liability Compar | ry," the designation "L               | LC" or the abbreviation |  |
| Enter new principal offices address, if applical   | ble:                                |                                       |                         |  |
| (Principal office address MUST BE A STREET   | ADDRESS)                            |                                       |                         |  |
| Enter new mailing address, if applicable:  |                                     |                                       | ·                       |  |
| (Mailing address MAY BE A POST OFFICE B  | <u> </u>                            |                                       |                         |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office |                                     | ur records, <u>enter tl</u>           | he name of the new      |  |
| 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

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 Title. Name <u>Address</u> Type of Action **MGRM** Melissa A. Buza 2057 US Highway One ☐ Add Remove Vero Beach, FL 32960 Michael R. Buza ☑ Add □ Remove **MGRM** 3333 Ocean Drive Vero Beach, FL 32963. ☐ Add ☐ Remove DbA∏ Remove ∏Add ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 18 2012 Dated Signature of a member or authorized representative of a member Melissa A. Buza Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00