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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA

Account Number : I19980000066 Phone : (813)258-1177 Fax Number : (813)259-1106

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __Christina.f@shibumicapitalpartners.com__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BALDWIN INSURANCE GROUP HOLDINGS, LLC

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· COVER LETTER

	gistration Sec vision of Corp		i	
SUBJECT:	Baldwin Inst	rance Group Holdings, LLC		
SUBJECT:		Name of Lim	sited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	atl correspon	dence concerning this matter	to the following:	
		Lisa H. Wilkerson, Esquir	e	
			Name of Person	
		Hendee, McKernan, Schro	oeder, Wilkerson & Hendee, P.A.	
			Firm/Company	
		1700 S. MacDill Avenue,	Suite 200	
			Address	
		Tampa, Florida 33629		
		····	City/State and Zip Codo	
		christina.f@shibumicapital		
			to be used for future annual report notifi	ication)
For further is	nformation co	ncorning this matter, please o	all;	
Lisa H. Will	cerson, Esquir	e	813 258-1177	
	Name of I	Person		Telephone Number
Enclosed is a	check for the	following amount:		
ଛ \$25 .00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Pee & 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 Tallahassec, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

(Name of the Limited Liability Compa (A Florida Limited	ny as it now annea. Liability Company)	rs on our records.)	· · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000125815</u>	were filed on De	ecember 7, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
BIGH, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	4211 W. Boy Scout Blvd.		
(Principal office address MUST BE A STREET ADDRESS)	Suite 1000		
	Tampa, FL 33607		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			75.7 (III)
B. If amending the registered agent and/or registered office a	iddress on our r	ecords, <u>enter the nam</u>	of the new register
agent and/or the new registered office address here:			: :
Name of New Designand Access			- · · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:			
New Registered Office Address:	P : 01		·-
	Enter Flor	ida sireei address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		ap Cour
100 100 Fisterier Arcite a Carinthia of the challents Manisteller Washing			

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			Remove
			□Change
			DAdd
			□ Remove
			Change
			□Add
		 	☐ Remove
			□Change

). If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	April 26 / 2024 .
	Signature of a member or authorized representative of a member
	L. Lowry Baldwin, Manager of Loper Enterprises, LLC
	Typed or printed name of signee

Filing Fee: \$25.00