Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

04/01/2016 17:46

#273 P.001/005

porterwright

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IE VOIL TIME BEOCIVE	D THIS COMMUNICATION IN	FRANCE OF IT VOLUME	ANY DOOR ENG
	NICATION, PLEASE CALL 239-		
THE INFORMATION CONTAINED IN THIS OTHER LEGAL PRIVILEGE. THIS CON RECIPIENT. IF THE READER OF THIS DISSEMINATION, DISTRIBUTION OR COP	MUNICATION IS INTENDED ONLY COMMUNICATION IS NOT THE IN-	FOR THE USE OF THE INDIVIDU FENDED RECIPIENT, YOU ARE HE	AL OR ENTITY NAMED AS
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	PLEASE DELIVI	ER TO:	
Name	FIRM	FACSIMILE#:	CONFIRMATION #.
1. Division of Corporations	Florida Dept of State	850-617-6383	
RE: Insurance Manageme	ent Consultants, LLC		
Fax Audit #: L160000821	893		
Attached for filing, please	find:		
1. Articles of Amendment above-referenced limits		nization regarding the	
Thank you.			
From: Mary Beth M. Clary	, Esq.	Telephone: (239)	593-2959
THE ORIGINAL OF THIS DOCUM	MENT WILL BE SENT BY:		,
ORDINARY MA	AIL OVERNIGHT D	ELIVERY SERVICE	
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NAPLES/579534 v.01			

From:

04/01/2016 17:46

#273 P.003/008

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 APR-1 AM 9: 02

MILAHASSEE, FIGHES.

(Name of the Lin	'	gement Consultants, LLC party as it now appears on	
	(A Florida Limite	d Liebility Company)	
The Articles of Organization for this Limited Florida document numberL10000131829	Liability Compar	ny were filed on Decen	nber 28, 2010 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lin	bility company here:	
Benson Blackburn, LLC			
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	·	
Principal office address MUST BE A STRE	ET ADDRESS)	•	
Enter new mailing address, if applicable: <i>Mailing address MAX BE A POST OFFICE</i>	E <i>BOX</i>)	999 Vanderbilt Beac Naples, Florida 3410	
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new
Name of New Registered Agent:	****		
New Registered Office Address:	999 Vanderbil	t Beach Road, Suite 504	
		Enter Florida street address	
	Naples		34109
			, Florida 34108

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

Title	<u>Name</u>	Address	Type of Action
MGR	Michael D. Benson	999 Vanderbilt Beach Road,	■ Add
		Suite 504	□ Remove
		Naples, Florida 34108	Change
Chairman and CEO	Michael D. Benson	999 Vanderbilt Beach Road,	
	,	Suite 504	□ Remove
		Naples, Florida 34108	☐ Change
President and Secretary	William R. Benson	999 Vanderbilt Beach Road,	_ Add
		Suite 504	☐ Remove
		Naples, Florida 34108	Change
Treasurer	Scott G. Blackburn	999 Vanderbilt Beach Road,	₩ Add
**************************************	-	Suite 504	D Remove
		Naples, Florida 34108	□ Change
MGRM	Michael D. Benson	999 Vanderbiit Beach Road,	D Add
		Suite 504	■ Remove 20
		Naples, Florida 34108	D Change
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			Remove 9

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Signature of a member or authorized representative of a member	APRTI 1 2016	
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	Michael D Signature of a member or	Bossow pulhorized representative of a member

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