



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALTERNA INSURANCE GROUP LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Michael Greenberg**  
Name of Person

**Michael I Greenberg PA**  
Firm/Company

**6647 SW 65th Terr**  
Address

**Miami, FL 33143**  
City/State and Zip Code

**sunbiz@jurislogix.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael Greenberg** at ( **305** ) **667-3002**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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 JUN 18 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ALTERNA INSURANCE GROUP 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 Liability Company were filed on June 16, 2011 and assigned Florida document number L11000070470.

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:** 1801 South Federal Hwy, 2nd Floor  
**(Principal office address MUST BE A STREET ADDRESS)** Boca Raton, FL 33432

**Enter new mailing address, if applicable:** 1801 South Federal Hwy, 2nd Floor  
**(Mailing address MAY BE A POST OFFICE BOX)** Boca Raton, FL 33432

**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:** Christie A. Andersen

**New Registered Office Address:** 1801 South Federal Hwy, 2nd Floor  
*Enter Florida street address*

Boca Raton, Florida 33432  
*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.*

Christie Andersen  
**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:**

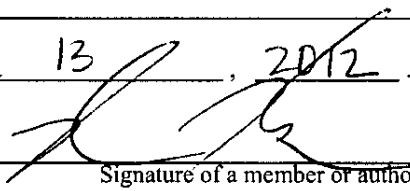
**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MP Cassano Holding Corp</u>	<u>1801 South Federal Hwy, 2nd Floor</u> <u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>ALTERNA FINANCIAL LLC</u>	<u>1801 South Federal Hwy, 2nd Floor</u> <u>Boca Raton, FL 33432</u>	<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
_____	_____	_____	<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.)**

The Company shall be manager managed.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated JUNE 13, 2012

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Robert L. Konrad, Jr., Manager of Member  
 \_\_\_\_\_  
 Typed or printed name of signee