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| (Re | equestor's Name) | | | |
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COVER LETTER

| то: | Registration Division of C | | | • | | |
|----------|-----------------------------------|---|--|---|--|--|
| SUBJE | BROUSS COMMUNICATION LLC | | | | | |
| SUBSE | Name of Limited Liability Company | | | | | |
| The end | closed Articles | of Amendment and fee(s) are sul | omitted for filing. | | | |
| Please r | eturn all corres | spondence concerning this matter | to the following: | | | |
| | | | JONNY MURRAY | | | |
| | | | Name of Person | | | |
| | | BROUS | SS COMMUNICATION | LLC | | |
| | | | Firm/Company | | | |
| | | 6611 | CARRINGTON SKY | DR | | |
| | | | Address | | | |
| | | APC | DLLO BEACH, FL 3357 | 2 | | |
| | | | City/State and Zip Code | · · · | | |
| | | E-mail address: (| N9595@VERIZON.NET to be used for future annual report | notification) | | |
| For furt | her information | n concerning this matter, please o | all: | | | |
| | JOS | SE A. ALVAREZ | at (813) | 938-2400 | | |
| | Name | e of Person | Area Code & Daytime Telephone Number | | | |
| Enclose | ed is a check for | r the following amount: | | | | |
| | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enc | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Regi Divis P.O. | ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314 | Registration S Division of C Clifton Build | orporations | | |

Tallahassee, FL 32301



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 15, 2012

JONNY MURRAY 6611 CARRINGTON SKY DR APOLLO BEACH, FL 33572

SUBJECT: BROUSS COMMUNICATION LLC

Ref. Number: L11000110582

We have received your document for BROUSS COMMUNICATION LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist II

Letter Number: 712A00007019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROUSS COMMUNICATION LLC

| (Name of the Limited Liability (A Florida | y Company as it now appears on Limited Liability Company) | our records.) | |
|---|--|---|--|
| The Articles of Organization for this Limited Liability C Florida document numberL11000110582 | • • • • | MBER 27, 2011 and REB 24 P | |
| This amendment is submitted to amend the following: | | T STATE | |
| A. If amending name, enter the new name of the lim | ited liability company here: | 生 音 | |
| DELTA EN | IDURANCE USA LLC | | |
| The new name must be distinguishable and end with the wor "L.L.C." | rds "Limited Liability Company," | the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | N/A | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address: | lress here: | ecords, enter the name of the new | |
| | Enter Floriaa street adaress | | |
| | City | , Florida 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 = M MGRM = | anager Managing Member | | |
|-------------------|---------------------------------------|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| , | | | Add Remove |
| | | | Add Remove |
| | · · · · · · · · · · · · · · · · · · · | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amer | nding any other information, er | nter change(s) here: (Attach additional sheets, if necessary | SECRETARY OF STATE STATE STATE OF CONTORNION 12 FEB 24 PM 1: 40 |
| Dated | FEBRUARY 08 | Z, <u>2012</u> . | 28 |
| | v Off | May | |
| | Signature of | JONNY MURRAY | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00