

L11000136769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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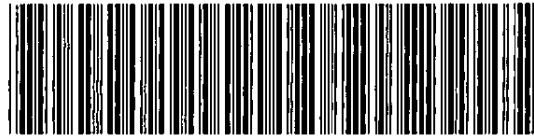
(Business Entity Name)

(Document Number)

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FILED
May 19, 2017 08:00 AM
Secretary of State

D. BRUCE
MAY 24 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WILLIAMS SPECIALTY INSURANCE, 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:

ANNETTE URENA TUCKER, ESQ.

Name of Person

KAPLAN ZEENA LLP

Firm/Company

2 S. BISCAYNE BLVD., SUITE 3050

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

annette.tucker@kaplanzeena.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Urena Tucker, Esq.

305 530-0800
at ()

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
May 19, 2017 08:00 AM
Secretary of State

WILLIAMS SPECIALTY INSURANCE, 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 12/02/2011 and assigned
Florida document number L11000136769.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J.NORICK&COMPANY INSURANCE BROKERS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: KAPLAN ZEENA LLP

New Registered Office Address: 2 S. BISCAYNE BLVD., SUITE 3050

Enter Florida street address

MIAMI, Florida 33165

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 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.

/s/Annette Urena Tucker, Esq.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

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May 19, 2017 08:00 AM
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated MAY 18, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
May 19, 2017 08:00 AM
Secretary of State