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## **COVER LETTER**

(additional copy is enclosed) Certified Copy	TO: Registration Se Division of Cor			
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:  Alicia Graham  Name of Person  Pro Player Insurance Group LLC  Firm/Company  2030 W. First Street. Suite C  Address  Fort Myers. FL 33901  City/State and Zip Code  alicia.graham@proplayerig.com  E-mail address: to be used for future annual report notification)  For further information concerning this matter, please call:  Alicia Graham  239  Area Code  Name of Person  Name of Person  Finclosed is a check for the following amount:  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate Copy  (additional copy is enclosed)  Certificate of Status & Certificed Copy  (certificate of Status & Certificate of Status & Certificate Opy)		Insurance Group LLC		,
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Alicia Graham    239   6728194			·	canon)
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		■ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

	TO	
ARTICLES OF	ORGANIZATION OF	and assigned
Pro Player Insurance Group LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our record ed Liability Company)	· 6
The Articles of Organization for this Limited Liability Compa Florida document number <u>L12000136333</u> .	iny were filed on October 25, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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 registered agent and/or the new registered office address h	office address on our records ecre:	s, enter the name of the new
Name of New Registered Agent:	****	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	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.

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>	<u>Name</u>	Address	Type of Action
AMBR	Earnest Graham		Add
		2030 W. First Street, Suite C Fort Myers, FL 33901	■ Remove
			□ Change
AMBR	Carnell Williams		
		2030 W. First Street, Suite C Fort Myers, FL 33901	■ Remove
			☐ Change
<del></del>	41		□ Add
			☐ Remove
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(If an effi Note:	ve date, if other than the date of filing:
the rec ) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated <sub>.</sub>	4/26, 19
	(A. A. A. Call)
	Signature of a member or authorized representative of a member