

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000008947 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email: | Address; | | | | |
|---------|----------|--|--|--|--|
| Email : | Address: | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PUBLIC RISK UNDERWRITERS LLC

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| 05 |
| \$25.00 |
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Corporate Filing Menu

Help

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https://efile.sunbiz.org/scripts/efilcovr.exe

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Public Risk Underwriters 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:

Jennifer Hayes

Name of Person

Brown & Brown

Firm/Company

655 N Franklin St., Ste. 1900

Address

Tampa, FL 33602

City/State and Zlp Code

jhayes@bbinslegal.com

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

For further information concerning this matter, please call:

Jennifer Hayes

Name of Persun

_813,222-4182

Arca Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

U\$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

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CT CORPORATION

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| ARTICLES OF ORGAN | JIZATYON - |
| OF | IZATION (S) |
| Or · | |
| Public Risk Underwriters LLC | |
| · · · · · · · · · · · · · · · · · · · | aw appears on our records.) |
| (Name of the Limited Liability Company as it no (A Florida Limited Liability C | ompany) |
| The Articles of Organization for this Limited Liability Company were file | ed on 12/28/2012 and assigned |
| Florida document number L13000002836 | |
| 1 Of the Ascentian Hamber | · · · · · · · · · · · · · · · · · · · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability com | pany here: |
| Public Risk Underwriters, LLC | |
| The new name must be distinguishable and end with the words "Limited Liabili "LL.C." | ity Company," the designation "LLC" or the abbreviation |
| 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 additional registered agent and/or the new registered office address here: | ess on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | · · · · · · · · · · · · · · · · · · · |
| New Acquisition Office Address: | Enter Florida street address |
| | marine a los said dis ets seems 200 |
| | , Ptorida |
| City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agree to act the provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provided jbeing filed to merely reflect a change in the registered office address, company has been notified in writing of this change. | rmance of my duties, and I am familiar with and for in Chapter 608 F.S. Or, if this document is |

Page 1 of 3

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 = Ma MGRM = M | nager Ianaging Member | | |
|----------------------|--|---------------------------------|----------|
| <u>Title</u> | <u>Name</u> | Address Type of Action | ì |
| Member | Brown & Brown, Inc. | 655 N. Franklin St., Suite 1900 | |
| | | Tampa, FL 33602 US Remove | |
| MGR | Brown & Brown, Inc. | 655 N. Franklin St., Suite 1900 | |
| | | Tampa, FL 33602 US | ð |
| | | Add , | |
| | | Remove | 3 |
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Page 2 of 3

| . If amending any other information, ente | er change(s) hore: (Attach additional sheets, if necessary.) | } |
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| | | |
| January 10 | 2013 | |
| Saul De Frin | | |
| Laurel L. Grammig | mumber or authorized representative of a member | - |
| | Typed or printed name of signee | |
| | Page 3 of 3 | |
| | Filing Fee: \$25.00 | |