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LYKES BROS. INC.

400 North Tampa Street P.O. Box 1690 Tampa, Florida 33601

KRISTEN CHITTENDEN GENERAL COUNSEL AND CORPORATE SECRETARY TEL: \$13/470-5070 CELL: \$13/\$42-\$417 KRISTEN.CHITTENDEN@LYKES.COM

February 20, 2019

Via FedEx

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

Re: Fiducia Insurance, LLC

Filing Articles of Amendment

Dear Sir or Madam:

Pursuant to your February 11, 2019 letter, we are returning page 2 with the requested information filled out to supplement our original Articles of Amendment.

Sincerely,

Kristen Chittenden General Counsel

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City		Zip Code
	SARASOTA		_, Florida <u>34240</u>	
		Enter Florida street	address	
New Registered Office Address:	5800 LAKEWO	OOD RANCH BLVD.		
Name of New Registered Agent:		James	Schie	R-5
registered agent and/or the new registered	office address here	:	-	
B. If amending the registered agent and	d/or registered of	Tice address on our re	cords, enter the	ename of the ne
			······································	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SARASOTA, FL 34240		
		SABASOTA SI 3/240		<u> </u>
		\$800 LA VEWOOD DA	NCH DI VD	- 3
(Principal office address MUST BE A STRE	EET ADDRESS)	SARASOTA, FL 34240		
Enter new principal offices address, if applicable:		5800 LAKEWOOD RA	·····	·
The new name must be distinguishable and contain th	e words "Limited Liabi			eviation "L.L.C."
N/A			· · · · · · · · · · · · · · · · · · ·	
A. If amending name, enter the new name	e of the limited liab	oility company here:		
This amendment is submitted to amend the f	-			
Florida document number L13000027156	·			
The Articles of Organization for this Limited	d Liability Compan	y were filed on PESKUM	K 1 21, 2015	and assigned
		EEDDI'A	DV: 31 - 2012	
(Name of the L	imited Liability Comp (A Fiorida Limited	any as it now appears on ou Liability Company)	r records.1	
FIDUCIA INSURANCE DEC				

New Registered Agent's Signature, if changing Registered Agent:

-10/10/14 010/10 11/05 11 0

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

, a composition and a distribution of the manage, en	nter the title, name, and address of each person be	emg added
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or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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D. If amending any other information, effect change(s) here. [Attach watthour sheets, if necessary	•/
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	20193
E. Effective date, if other than the date of filing: (optional) (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)/h
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	rill not be listed as, the
document's effective date on the Department of State's records.	نغمت المسا
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	
(b) The 90th day after the record is filed.	
Dated January 25 2019	
Jam M. The	
Signature of a member or authorized representative of a member	
James R. Schier	

Page 3 of 3

Filing Fee: S25.00