

L14 000026021

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OCT 29 2014

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**TO: Registration Section
Division of Corporations**

**SUBJECT: CANNAE POLICY GROUP 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:

TIMOTHY E. MAHONEY
Name of Person

68 CAYMAN PLACE
Firm/Company Address

PALM BEACH GARDENS, FL. 33418
City/State and Zip Code

mike@cannaepolicy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:
MICHAEL A. ARCURI at **(202) 440-2015**
Name of Person 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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
CANNAE POLICY GROUP LLC
(A Florida Limited Liability Company)**

The Articles of Organization for this Limited Liability Company were filed on **FEBRUARY 14, 2014** and assigned **L14000026021** Florida document number.

This amendment is submitted to amend the following:

- Addition of Member/Manger;**
- Change of Principal Office Address.**

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

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

Enter new principal offices address, if applicable:

1025 First Street, S.W. Suite 304, Washington DC 20003

Enter new mailing address, if applicable:

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:

New Registered Office Address:

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.

N/A

Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
<u>MGR/AMBR</u>	<u>Allen Boyd</u>	<u>PO Box 397, Greenville Fla. 32331</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR/AMBR</u>	<u>Timothy Mahoney</u>	<u>68 Cayman Pl.</u> <u>Palm Beach Gardens Fla. 32331</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR/AMBR</u>	<u>Michael Arcuri</u>	<u>2617 Crestway, Utica NY 13501</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here:

E. Effective date, if other than the date of filing:

Dated October 1, 2014



Signature of a member or authorized representative of a member

MICHAEL A. ARCURI, Authorized Member/Manger

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA