# L14000026021

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OCT 29 2014 T CLINE **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

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■ \$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:

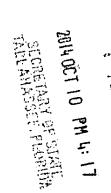
#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301



# 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	

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
MGR/AMBR	Allen Boyd	PO Box 397, Greenville Fla	1. 32331 <b>图</b> Add <b>是</b>
MGR/AMBR	Timothy Mahoney	68 Cayman Pl. Palm Beach Gardens Fla. 3	2331 ⊠Add
MGR/AMBR	Michael Arcuri	2617 Crestway, Utica NY 1	3501 ⊠Add ☐

- 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