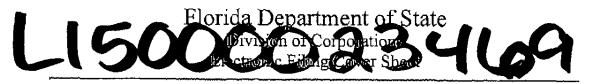
7/30/2015

Division of Corporations



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NATIONAL INSUREANCE UNDERWRITERS & ASSOCIATES

LLC

Certificate of Status Certified Copy Page Count 04 \$25,00 Estimated Charge

JUL 3 1 2015 J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONAL INSURANCE UNDERWRITERS & ASSOCIAT	— · — ·
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number L15000023469	ed on 02/06/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	ipany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," 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)	
3. If amending the registered agent and/or registered office address here:	dress on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
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 Changing Registered Agent, Signature of New Registered Agent

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
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		FORT MYERS, FL 33907	■ Remove
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