

L150000 66439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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DATE: 4/23/15

NAME: UNIVERSAL INSURANCE PARTNERS, LLC

TYPE OF FILING: CORRECTIO

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Universal Insurance Partners, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (Area Code) Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

CR2E062 (2/14)

UNIVERSAL PARTNERS, INC. LETTERHEAD

April 22, 2015

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

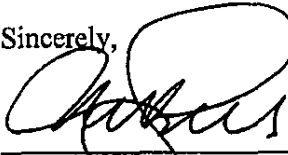
Re: Universal Partners, LLC

Dear Sir or Madam:

We understand that Universal Insurance Partners, LLC, Florida Document Number L15000066439, wishes to change its name to Universal Partners, LLC. Universal Partners, Inc. hereby gives consent to allow Universal Insurance Partners, LLC to use the name Universal Partners, LLC. The LLC is an affiliate of our corporation.

Thank you for your assistance.

Sincerely,



Name: Mitchell K. Smith

President of Universal Partners, Inc.

FILED
2015 APR 23 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Universal Insurance Partners, LLC

SECOND: The Florida Document number of the limited liability company is: L15000066439

THIRD: Document to be corrected is:
Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE I - Name: cited the incorrect name of the company.

The corrected statement is as follows:

ARTICLE I - Name: The name of the limited liability company is Universal
Partners, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

W. W. A. R.
Signature of Authorized Representative

4-20-2015
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 23 AM 10:40

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Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)