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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500						
ACCOUNT NO. : I2000000195						
REFERENCE : 338505 4331939						
AUTHORIZATION: Spellelens						
COST LIMIT : \$2500						
ORDER DATE : October 19, 2016						
ORDER TIME : 1:27 PM						
ORDER NO. : 338505-005						
CUSTOMER NO: 4331939						
DOMESTIC AMENDMENT FILING						
NAME: FIRST MILE INDEMNITY, LLC						
EFFECTIVE DATE:						
ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER'S INITIALS:

CONTACT PERSON: Courtney Williams -- EXT# 62935

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Mile Indemnity, LLC			
(Name of the Limited Liability). (A Florida L	Company as it new appears on our records.) imited Liability Company)	*	
The Articles of Organization for this Limited Liability Cor Florida document number L15000102642	mpany were filed on June 12, 2015	and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	obreviation "L.L.C	111
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>	٠
		<u> </u>	
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Enter new mailing address, if applicable:		<b>.</b>	
(Mailing address MAY BE A POST OFFICE BOX)		12	
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		<del></del>	CÎ.
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		the name of	the new
Name of New Registered Agent:			
New Registered Office Address:		····	
	Enter Florida street address		
	, Florida	7:	
	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

Title	Name	Address	Type of Action
Manager	Terry Taylor	505 South Flagler Drive	□ Add
		Suite 700	Remove
		West Palm Beach, FL 33401	□ Change
President	Terry Taylor	505 South Flagler Drive	
	Terry Taylor  Matthew Joffe  Matthew Joffe  Matthew Joffe	Suite 700	■ Remove
		West Palm Beach, FL 33401	Chauca
Secretary	Matthew Joffe	505 South Flagler Drive	□ Add
***************************************		Suite 700	F. D
		West Palm Beach, FL 33401	☐ Change
Manager	Marthew Joffe	505 South Flagler Drive	
		Suite 700	☐ Remove
		West Palm Beach, FL 33401	☐ Change
President	Matthew Joffe	505 South Flagler Drive	🖼 Add
		Suite 700	☐ Remover
		West Palm Beach, FL 33401	Change Sign
Secretary	Lane Taylor	505 South Flagler Drive	Add ☐
		Suite 700	Remove 3
		West Palm Beach, FL 33401	

cective date, if other than the date of filing:  In flective 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 (Jag. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it nument's effective date on the Department of State's records.  Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.	mending a	any other information,	, enter changè(s) he	re: (Attach additi	onal sheets, if nece	essary.)		
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Filing Fee: \$25.00