

Office Use Only



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TALLAHASSELTLUNGS

APR 18 2016 S. YOUNG

COVER LETTER ,

TO:	Registration So Division of Co				
SUBJEC		e Insurance Group, LLC			
SUBJEC	~I; <u> </u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	'Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	•		
		William S. Light			
	Name of Person				
			Firm/Company	5	
		109 Bellagio Circle		16 AFR 15	
			Address	5 %	
		Sanford, FL 32771		H.	
		Firm/Company 109 Bellagio Circle Address Sanford, FL 32771 City/State and Zip Code ADMIN@USMIG.net E-mail address: (to be used for future annual report notification)			
		E-mail address: (to be used for future annual report notifi	cation)	
For furth	ner information o	concerning this matter, please ca	all:		
Amy Ro	oot		802 448-4605 at ()		
	Name o	of Person		Telephone Number	
Enclosed	d is a check for t	he following amount:			
□ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	360.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	1	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U.S. Marine Insurance Group, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on November 12, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation,"L.L.C."
Enter new principal offices address, if applicable:		书 远.
(Principal office address MUST BE A STREET ADDI	RESS)	ज अस्
Enter new mailing address, if applicable:		= = = = = = = = = = = = = = = = = = =
(Mailing address MAY BE A POST OFFICE BOX)		N,340 N45
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		nter the name of the ne
New Registered Office Address:		
Tion Registered Office Address.	Enter Florida street address	
	, Florid	
	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>	<u>Address</u>	Type of Action
MGR	Andrew Adelmeyer	411 N Center Ave; Jefferson, WI 53549	Add
			Remove
			☐ Change
			Add
			□ Remove
			O.Change
			PAdd ARTARY OF Remove
			□ Change
			□ Add
			☐ Remove
			Change
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			Change

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	The state of the s
E. Effect	tive date, if other than the date of filing: (optional)
(If an ef Note:	ffective 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 (3. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	$\frac{4 13 2016}{10000000000000000000000000000000000$
	Signature of a member or authorized representative of a member
	William Scott Light

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00