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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Branch Systems Insurance, 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:
David E Breece Name of Person
Branch Systems, LLC Firm/Company
1815 Flamingo PL
Deerfield Bch, FL 33442 City/State and Zip Code DBreece@Branch Systems.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David E Breece at (954) 647-2140 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lity Company as it now appears on our records.)
la Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>O4</u> Florida document number <u>L</u> 160000 78411 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Address</u> Type of Action <u>Name</u> □ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change .□ Rempve Change ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

		
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fective date, if other than the date of filing: Danvary an effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable occument's effective date on the Department of State's records.	St 2018, 12:018 (optional) le of filing or more than 90 days after filing.) Purstatutory filing requirements, this date will	rsuant to 605.0. not be listed
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on	the earlier
ated January 1st 2018, 12:01am.		

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Typed or printed name of signee

Filing Fee: \$25.00