

8/15/23, 3:37 PM

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**EXCURSION INSURANCE, LLC**

Certificate of Status	0
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2023 AUG 15 AM 7:10

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 AND  
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Excursion Insurance, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 27, 2016 and assigned Florida document number LL6000120568.

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 "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)

**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*

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

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CLERK OF  
SOUTH  
DARTMOUTH  
COUNTY  
FLORIDA

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>	<u>Type of Action</u>
MGR	NSI Insurance Group Ventures, LLC	5875 N W 163rd Street, Suite 207	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Oscar Seikaly	5875 N W 163rd Street, Suite 207	<input type="checkbox"/> Add
		Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

1. The first step in the process of identifying a problem is to define the problem clearly. This involves understanding the nature of the problem, its scope, and its impact on the organization. Once the problem is defined, the next step is to gather information about the problem. This can be done through a variety of methods, including interviews, surveys, and data analysis. Once the information is gathered, the next step is to analyze the information and identify the causes of the problem. This can be done through a variety of methods, including root cause analysis, fishbone diagrams, and the 5 Whys technique. Once the causes of the problem are identified, the next step is to develop a plan to address the problem. This plan should include specific actions to be taken, a timeline for completion, and a responsible person for each action. Finally, the plan should be implemented and the results monitored. If the problem is not resolved, the process should be repeated.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 4, 2023

George L. [Signature]

Signature of a member or authorized representative of a member

Joseph G. DuBois, Authorized Representative

Typed or printed name of signer

**Filing Fee: \$25.00**