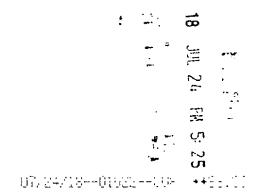
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JULE 0 1018 S. PRATHER

## **COVER LETTER**

- Divis	sion of Cor	porations		
SUBJECT:		RANCE GROUP LLC		
		Name of Lin	nited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		GIRIJA PANICKER		
			Name of Person	
		GM INSURANCE GRO	UP LLC	
		•	Firm/Company	
		2400 LOUISIANA BLV	D NE BLDG 3	
			Address	
		ALBUQUERQUE, NM .	. 87110	
			City/State and Zip Code	<del></del>
		gminsurance@licensedme	•	
		E-mail address: (	to be used for future annual report notifi	ication)
For further inf	ormation co	oncerning this matter, please e	all:	
GIRIJA PAI	VICKER		516 200-3956	
	Name of	Person		Telephone Number
Enclosed is a c	check for th	e following amount:		
□ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

### GM INSURANCE GROUP LLC

(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited I Florida document number L16000141133		were filed on 07/27/2016	and assigned
This amendment is submitted to amend the fol	lowing:		24 7
A. If amending name, enter the new name	of the limited liab	ility company here:	φ
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if appli	cable:	1125 SCYPHERS ST NE	
(Principal office address MUST BE A STREET ADDRESS)		PALM BAY, FL 32905	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	or registered of	e:	
Name of New Registered Agent:	BUSINESS FII	LINGS INCORPORATED	. <u></u>
New Registered Office Address:	1200 SOUTH	PINE ISLAND ROAD	
This amendment is submitted to amend the A. If amending name, enter the new name The new name must be distinguishable and contains. Enter new principal offices address, if a principal office address MUST BE A ST.  Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF).  B. If amending the registered agent registered agent and/or the new registered. Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if change I hereby accept the appointment as registered provisions of all statutes relative to the paccept the obligations of my position as the ing filed to merely reflect a change in		Enter Florida street address	
	PLANTATION	, ГЮ	
		City	Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as p registered office	performance of my duties, and provided for in Chapter 605, F	I I am familiar with and S. Or, if this document is
	If Char	nging Registered Agent, <u>Signature of</u>	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>	Address	Type of Action
MGR	GIRIJA PANICKER	30 HALSTEAD PLACE	<b>.</b> ∡ Add
		PRINCETON, NJ 08540	□ Remove
			Change
MGR	KEVIN MCCORMICK	1499 w palmetto park road	
		Suit 412	Remove
		Boca Raton, FL 33486	Change
<del> </del>			□ Add
			□ Remove
			Change
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			Change
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		·	☐ Remove
			□ Change

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Filing Fee: \$25.00