Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: FASTKIT CORP

Account Number: 120100000009

: (305)599-0839

Fax Number

: (305)592-9591

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

4.		
Smail	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## N-SURE U.S LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



N-Sure U.S 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 8/5/2016	and assigned			
Florida document number L16000146844						
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company bere:				
N-Sure US LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	liry Company," the designation	on "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:	6303 Blue Lagoon Drive				
(Principal office address MUST BE A STRE		Suite 400				
		Miami, Fl 33126				
				1		
Enter new mailing address, if applicable:		6303 Blue Lagoon Driv	c			
Mailing address MAY BE A POST OFFICE	(BOX)	Suite 400		•		
The state of the s		Miami, F1 33126				
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new	<u>v</u>		
Name of New Registered Agent:						
New Registered Office Address:	6303 Bluc Lagoon Drive Suite 400  Enter Florido street address					
		Enier Fiorigo stree				
	Miami	City	, Florida 33126			
		Ciņ	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>	Name	Address	Type of Action
AMBR	Richard N Bstrella	6303 Blue Lagoon Drive Suite 400	D Add
		Miami, Fl 33126	□ Remove
			☐ Change
AMBR	Moises A Alvarez	6303 Blue Lagoon Drive Suite 400	<b>B</b> Add
		Miami, Fl 33126	□ Remove
			☐ Change
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	pecifies a dela day after the			ate, bu	t not an	effectiv	e time, a	et 12:01	a.m. or	the ea	rlier of:
Dated			<del>\</del> ,	2016	<u> </u>						
		1 1	11								
		Signature	gof a m	ember or	authorized	representa	tive of a me	mber			

Page 3 of 3

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