# L16000198071

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## **COVER LETTER**

	gistration Sect vision of Corpo			
SUBJECT.	Loyalty Insur	ance Holdings Group, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Sandy P. Fay		
		- A14.0. 4	Name of Person	
		Colodny Fass, P.A.		
			Firm/Company	
		1401 NW 136th Avenue, 5	Suite 200	
			Address	
		Sunrise, Florida 33323		
			City/State and Zip Code	
		mvalido@univistainsurance		
			to be used for future annual report notific	ration) Eğ 💂 🔝
For further in	nformation con	cerning this matter, please ca	atl:	ZDIS NOV -
Sandy P. Fa	у		954 492-4010 at ()	Telephone Number,
Enclosed is	Name of P	erson following amount:	Area Code Daytime	Telephone Number A B CORD A B B B B B B B B B B B B B B B B B B
		_	FI 666 00 Piller Frank	
■ \$25.00 F	ruing ree	□ \$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:

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

Loyalty Insurance Holdings Group, 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 October 26, 2016 and assigned Florida document number L16000198071 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 comain 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 City

#### 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 marrage, 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
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		Miami, Florida 33134	Remove
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(If an eff	ive date, if other	i, the date must be	specific ar	nd cannot be	prior to date (	of filing or mo	re than 90 day:	SEE FLORIDA  (optional) s after filing s this date	) .) Pursuant to (	605.02
	nent's effective d					tutory ming	requirement	s, uns date	will not be i	isicu a:
	cord specifies				t not an e	ffective ti	ne, at 12:	01 a.m.	on the ea	rlier o
	• 90th day aft	er the record	d is filed	١.						
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		$\wedge$		2016						
	November I	$\triangle$		2016	·					
(b) The	November I			2016	·					
(b) The	November I	Sin	ynature of	·	authorized re	nresentativo	f a member			

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Filing Fee: \$25.00