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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STATE INSURANCE NETWORK, LLC**

Certificate of Status	0
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Page Count	02
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**Articles of Amendment to LLC Articles of Organization of
STATE INSURANCE NETWORK, LLC**

The Articles of Organization for this Limited Liability Company were filed on
02/01/2017 and assigned Florida document number
L17000026054.

This amendment is submitted to amend the following:

CHANGE NAME TO - TOP COVERAGE INSURANCE AGENCY, LLC.

These articles of amendment were adopted on 01/06/2021

Dated 01/06/2021


Signature of a member or authorized representative of a member

ADRIAN RODRIGUEZ SALMON
Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing