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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Formily Insurance Group 116 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
To:son leaney Name of Person
Florida Family Insurance Group 11C
11985 U.S HWT I Ste 203 Address
City/State and Zip Code City/State and Zip Code Con. Nec Ney by wents caron can JE-mail address: (to, by hyded for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (576/) 422-4876 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Florida F	Timbrance Group IC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Eimited Liability Company)
The Articles of Organization for this Limited Liab	7 · 1 · 1
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new
-	
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

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	Edmund Boxer	11985 U.S. HWY I Ste 203	
		Juro Beach Fe 33408	☐ Remove
			🗹 Change
AMBR	Joseph T. Heavey	11985 U.S. HWY 1 Ste 203	Œ Add
	,	Juno Beach FL 57408	□ Remove
			□ Change
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n effective date is listed, the date must be specific and cannot be priore: If the date inserted in this block does not meet the applicument's effective date on the Department of State's records	icable statutory				
record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effecti	ve time, at 1	2:01 a.m. o	n the e	earlier o
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Filing Fee: \$25.00