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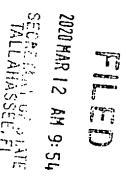
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COVER LETTER

TO:	Registration Se Division of Co			•	e	•
		•	. •	# S	*	*
SUBJE		nsurers, LLC			. •' 	•
		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: tey Burns Name of Person City Insurers, LLC Firm/Company 8 University Blvd, W. Suite 300 Address sonville, FL 32217 City/State and Zip Code e.martinez@brightway.com E-mail address: (to be used for future annual report notification) ag this matter, please call: 1 9(14			
		Mistey Burns				
			Name of Person			_
		First City Insurers, LLC				
			Firm/Company			_
		3733 University Blvd. W.	Suite 300			
			Address			_
		Jacksonville, FL 32217				
		<u> </u>	City/State and Zip Code	!		_
				1		_
For fur	ther information o	e-mail address: (тероп воинс	ration)	
Mistey	Burns					
	Name o	of Person	Area Code	Daytime 1	Telephone Numb	Der
Enclose	ed is a check for t	he following amount:				
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certifi Certifi	cate of Status & ed Copy
	Mailing Addre			Address: ration Sect	ion	
Registration Section Division of Corporations			•	on of Corpo		
	P.O. Box 632	27	The Co	entre of Ta	llahassee	
	Tallahassee,	FL 32314	2415 N	N. Monroe:	Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First City Insurers, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Lability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number H170003071933	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		202 S = 1	
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
		2 AH ASSE	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records,	enter the name of the new registered	
New Registered Office Address.	Enter Florida street address		
<u> </u>		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dua provided for in Chapter	ties, and I am familiar with and · 605, F.S. Or, if this document is	
If Char	iging Registered Agent, Sign	nature 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

٠,

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brian Parker	3733 University Blvd. W. Suite 300	□Add
		Jacksonville, FL 32217	≡ Rетюче
			□Change
MGR	Mistey Burns	3733 University Blvd. W, Suite 300	ĞAdd
		Jacksonville, FL 32217	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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	,	24/2020			
Iffective date, if other than the fan effective date is listed, the date mus	date of filing	3/6/2020	of filing or more than	(optional)	A Pursuant to 605 0207
	ock does not mee	t the applicable st	tatutory filing requi	rements, this date	will not be listed as (
Note: If the date inserted in this bl		e s records			
Note: If the date inserted in this blocument's effective date on the D	epartment of Stati	e o recurso.			
Note: If the date inserted in this blocument's effective date on the D			12:01 a.m. on the c	earlier of: (b) Th	ie 90th day after the
Note: If the date inserted in this bl			: 12:01 a.m. on the c	earlier of: (b) Th	ne 90th day after the
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Note: If the date inserted in this blocument's effective date on the Defective record specifies a delayed effective	e date, but not an		: 12:01 a.m. on the c	earlier of: (b) Th	ie 90th day after the
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Note: If the date inserted in this blocument's effective date on the D record specifies a delayed effective d is filed. March 6	e date, but not an	effective time, at	12:01 a.m. on the c		ne 90th day after the

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