4/10/2018

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNITED GROUP UNDERWRITERS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nderwriters, LLC		
(Name of the Limited Liability Comme (A Florida Limited	any as it now appears on our records. Liability Company)		
The Articles of Organization for this Limited Liability Company	were flied on $\frac{3-27-18}{}$	and assigned	
Plorida document number <u>L/8000075436</u>	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ili(y company here:		
		· ~	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	ility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
) June	
	President Const		
Enter new mailing address, if applicable:	in the second second	ည်	
(Malling address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If smending the registered agent and/or registered o	Man addraw on our records	antar the name of the name	
registered agent and/or the new registered office address her	e:	enter the hame of the new	
Name of New Registered Agent:			
New Registered Office Address:		•	
TELL LINGSTEEN AND AND MICHAEL	Enter Florida street address		
	, Florida		
	City	Zip Code	
Now Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is	

If Changing Registered Agent, Bignature of Now 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

Title	Name	<u>Address</u>	Type of Action	
MGR	CHARLES ASFOUR	150 NORTH RIVERSIDE PLAZA, STE 5200	Add	v
		CHICAGO, ILLINOIS 60606	□ Remove	•
		ल्यु(सम्बद्धाः स्टब्स् सः १८४ ^व ः	Change	
MGR	RICHARD LEVY	150 NORTH RIVERSIDE PLAZA, STE 5200	Add	
		CHICAGO, ILLINOIS 60606	☐ Remove	
			☐ Change	ਮੁਕ)
MOR	JON A, HITCHCOCK	1313 NW 167TH STRBET	Add	
		MIAMI GARDENS, FLORIDA 33169	□ Remove	
			Change	
MGR	JACK S, RAMIREZ	1313 NW 167TH STREET	El Add	
		MIAMI GARDENS, FLORIDA 33169	☐ Remove	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	□ Change	
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			☐ Change	
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		·	□ Chango	

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D. If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary)				
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E. Effective	date, if other than the date of filings (optional) lyo date is listed, the date must be specific and execut be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	0007 <i>0</i> 008	a ·		
Nota: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a clickly date on the Department of State's records.	d as the	"	•	, ,
If the records (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	r of:			
Dated	MARCH 29 2018				
	Total Company				
	Significate member or authorized representative of a member				
	RICHARD P. PARRILLO, SR.				r etc.
	Typod or printed name of signoc				(°)
	David 2 at 2				

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Filing Fee: \$25.00