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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SLIDE RE SUBJECT:	INSURANCE HOLDINGS, LE	LC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jeremy Baczkiewicz			
		Name of Person	<del></del>	
	SLIDE REINSURANCE I	HOLDINGS, LLC		
		Firm/Company		
	4221 W. Boy Scount Blvd	Suite 200		
		Address	<del></del>	
	Tampa, FL 33607			
	City/State and Zip Code			
	jeremy@slideinsurance.con			
	E-mail address: (	to be used for future annual report not	tification)	
For further information e	oncerning this matter, please ca	all:		
Jeremy Baczkiewicz		813 632-3109 at ()		
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810	
rananassee, i	⊤الدخلية ا	2713 14, MOIII (	de direct, duite 010	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000145692</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4221 W. BOY SCOUT BLVD S	UITE 200
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33607	
Enter new mailing address, if applicable:	4221 W. BOY SCOUT BLVD S	UITE 200
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33607	-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	te name of the new regist
New Registered Office Address:	<u></u>	
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		idaZip Code

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>	<u>Name</u>	Address	Type of Action
MGR	Bruce Lucas	4421 W. BOY SCOUT BLVD SUITE 200	□Add
		TAMPA, FL 33607	≣Remove
Member Slide Insurance Holdings, Inc	4221 W. BOY SCOUT BLVD SUITE 200	<b>\</b> Add	
	TAMPA, FL 33607	□Remove	
	<del></del>		□Add
			Remove
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Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docun	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is fi	led.
	April 22 2022
Dated	April 22 2022
	/ The Alexander
	Signature of a moniber or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00