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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status

Special Instructions to Filing Officer:

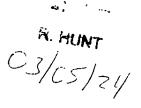




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COVER LETTER

TO: Registration Se Division of Cor		:				
	rew Smith, LLC					
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Kevin Smith					
	· · · · ·	Name of Person		_		
			_	_	ن. د:.	
		Firm/Company		·		
	3016 N Dover Rd			_ lii	,Û,	
		Address		- XSS XSS	ال) حجر	
	Dover FL 33527			- التاريخ التاريخ	ඩ ක	
	Kevin@Ellieinsurancegrou	City/State and Zip Code p.com		AIE.	38	
	E-mail address: (to be used for future annual report noti	fication)			
For further information of	oncerning this matter, please c	all:				
Kevin Smith		813 7582701 at ()				
Name o	of Person		e Telephone Numbe	r		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Stat		
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction			
Division of C	Corporations	Division of Cor	porations			
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro		810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kevin Andrew Smith, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/10/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: US Indemnity LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _ , Florida 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
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				_ □Remove
		 .		_ □Change
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Note: If the date inserted in this	ust be specific and cannot be prior to date block does not meet the applicable s Department of State's records.	of filing or more than 90 days tatutory filing requirements	, this date will	suant to 6 not be li	05.0207 (sted as th
the record specifies a delayo) The 90th day after the re	ed effective date, but not an ecord is filed.	effective time, at 12:	01 a.m. on t	he ear	lier of:
Dated	2024	_			
· 	7	>			
	Synature of a member or authorized				

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Typed or printed name of signee

Filing Fee: \$25.00