## L240000060010

|                         | (Requestor's Name)       |              |
|-------------------------|--------------------------|--------------|
| <del></del>             | (Address)                |              |
|                         | (Address)                |              |
|                         | (City/State/Zip/Phone #) | <del>.</del> |
| PICK-UP                 | WAIT                     | MAIL         |
|                         | (Business Entity Name)   |              |
|                         | (Document Number)        |              |
| Certified Copies        | _ Certificates of        | Status       |
| Special Instructions to | Filing Officer:          |              |
|                         |                          |              |
|                         |                          |              |
|                         |                          |              |

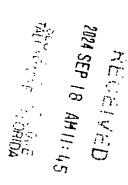




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SECRETARY OF SIGN

2024 SEP 18 MMT1: 53



## COVER LETTER

|             | egistration Se<br>ivision of Cor |                                              |                                                                  |                     |                                          |
|-------------|----------------------------------|----------------------------------------------|------------------------------------------------------------------|---------------------|------------------------------------------|
| cup incom   |                                  | irance Management, LLC                       |                                                                  |                     |                                          |
| SUBJECT     | ·                                | Name of Lin                                  | nited Liability Company                                          |                     |                                          |
| The enclose | ed Articles of                   | Amendment and fee(s) are sub                 | omitted for filing.                                              |                     |                                          |
|             |                                  | ondence concerning this matter               |                                                                  |                     |                                          |
|             |                                  | Kerry Heitz                                  |                                                                  |                     |                                          |
|             |                                  |                                              | Name of Person                                                   |                     |                                          |
|             |                                  | United Insurance Manage                      | ment, LLC                                                        |                     |                                          |
|             |                                  |                                              | Firm/Company                                                     |                     |                                          |
|             |                                  | 1313 NW 167th Street                         |                                                                  |                     | 20<br>8                                  |
|             |                                  |                                              | Address                                                          |                     | 超号.                                      |
|             |                                  | Miami Gardens, FL 33169                      | )                                                                |                     | 2024 SEP 18 MILLS 3<br>SECRE MANAGERS SE |
|             |                                  | <del>.</del>                                 | City/State and Zip Code                                          |                     | <b>元</b> 章 <b>の</b>                      |
|             |                                  | kheitz@uaig.net                              |                                                                  | <u> </u>            | 第 三                                      |
|             |                                  | E-mail address: (                            | to be used for future annual report no                           | otification)        | 171/0 T                                  |
| For further | information c                    | oncerning this matter, please c              | all:                                                             |                     | हिंदी हैं                                |
| Jeff Rainey |                                  |                                              | 850 294-8859<br>at ()                                            |                     |                                          |
|             | Name of                          | f Person                                     |                                                                  | me Telephone Number | <del></del>                              |
| Enclosed is | a check for th                   | te following amount:                         |                                                                  |                     |                                          |
| \$25.00     | Filing Fee                       | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (         | of Status &                              |
|             | niling Address<br>gistration S   |                                              | Street Address:<br>Registration S                                | ection              |                                          |
|             |                                  | orporations                                  | Division of Co                                                   |                     |                                          |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| United Insurance Management, U                                                             |                                               |                                                         |                                       |
|--------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|---------------------------------------|
| (Name of the Lim                                                                           | ited Liability Compar<br>(A Florida Limited L | ny as it now appears on our records.) iability Company) |                                       |
| The Articles of Organization for this Limited I                                            |                                               | were filed on <u>02/05/2024</u>                         | and assigned                          |
| Florida document number                                                                    | <del></del> ·                                 |                                                         |                                       |
| This amendment is submitted to amend the fol                                               | lowing:                                       |                                                         |                                       |
| A. If amending name, enter the new name                                                    | of the limited liabi                          | lity company here:                                      |                                       |
| UGU Insurance Management, LLC                                                              |                                               |                                                         | <u> </u>                              |
| The new name must be distinguishable and contain the                                       | words "Limited Liabili                        | ity Company," the designation "LLC" or th               | e abbreviation "L.L.C."               |
| Enter new principal offices address, if appli                                              | cable:                                        | Not Applicable                                          | <del></del>                           |
| (Principal office address MUST BE A STREET ADDRESS)                                        |                                               |                                                         | S 20                                  |
|                                                                                            |                                               |                                                         | - AG ST                               |
|                                                                                            |                                               | N . N . P . 11                                          | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable:                                                  |                                               | Not Applicable                                          |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)                                                 |                                               |                                                         | <u> </u>                              |
|                                                                                            |                                               |                                                         |                                       |
| B. If amending the registered agent and/or agent and/or the new registered office address. |                                               | ddress on our records, <u>enter the n</u>               | ame of the new registered             |
| Name of New Registered Agent:                                                              | Not Applicable                                |                                                         |                                       |
| New Registered Office Address:                                                             | Not Applicable                                | <u> </u>                                                |                                       |
| <u> </u>                                                                                   |                                               | 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  |
|---------------------------------------|----------------|----------------|-----------------|
|                                       | Not Applicable | Not Applicable | □Add            |
|                                       |                |                | Remove          |
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| Not Applicable                                                                 |                                                        |                                                  |                                                   |                                                             |
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|                                                                                | <u> </u>                                               | <del></del>                                      |                                                   |                                                             |
|                                                                                | <u>.</u>                                               |                                                  |                                                   |                                                             |
|                                                                                |                                                        |                                                  |                                                   |                                                             |
| ctive date, if other than the d                                                | ate of filing:                                         | <u> </u>                                         | (opt                                              | ional)                                                      |
| effective date is listed, the date must be: If the date inserted in this block | e specific and cannot be pr<br>k does not meet the apr | ior to date of filing or<br>dicable statutory fi | more than 90 days after<br>ling requirements, the | r filing.) Pursuant to 605.03<br>is date will not be listed |
| ument's effective date on the Department                                       | artment of State's recor                               | ds.                                              | ,                                                 |                                                             |
|                                                                                |                                                        |                                                  |                                                   |                                                             |
| ord specifies a delayed effective of<br>filed.                                 | ate, but not an effective                              | e time, at 12:01 a.n                             | n. on the earlier of: (                           | b) The 90th day after t                                     |
| September 10                                                                   | 2024                                                   | ·                                                |                                                   |                                                             |
| 1/                                                                             |                                                        |                                                  |                                                   |                                                             |
| Kanl                                                                           | gnature of a member or au                              |                                                  |                                                   |                                                             |

Filing Fee: \$25.00