

M00000002287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

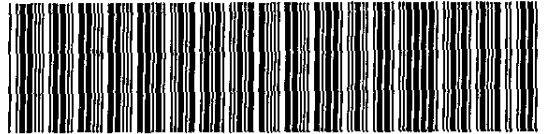
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JUN -6 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

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CLERK OF THE COURT
DIVISION OF CLERKS
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 117447-4320171

AUTHORIZATION :

Patricia Pizute

COST LIMIT : \$ 25.00

ORDER DATE : June 3, 2003

ORDER TIME : 9:49 AM

ORDER NO. : 117447-020

CUSTOMER NO: 4320171

CUSTOMER: Ms. Amy Cinquegrana
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

FILED
JUN - 6 PM 2:04
SEC. OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: NASD INSURANCE AGENCY, LLC

XX PROFIT
 NON-PROFIT

XX CORPORATE
 LIMITED PARTNERSHIP

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

03 JUN -6 PM 2:04
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: NASD Insurance Agency, LLC
2. Jurisdiction of its organization: New York
3. Date authorized to do business in Florida: 11/06/2000

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 04/28/2003
5. New name of the limited liability company: NASDAQ Insurance Agency, LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Elizabeth M. Tuck
Signature of a member or the authorized
representative of a member

Elizabeth M. Tuck, Secretary of AIG NJV, Inc.

Typed or printed name of signer 50% Member


Filing Fee: \$25.00

**State of New York
Department of State**

SS:

I hereby certify, that a Certificate of Amendment of NASD INSURANCE AGENCY LLC, changing name to NASDAQ INSURANCE AGENCY, LLC, was filed in this Department on 4/28/2003.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 03rd day of June
two thousand and three.*



Secretary of State

200306040156 61

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TAMPA FLORIDA