M01 000 001 200

(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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WESTMONT
ASSOCIATES, INC.

February 3, 2025

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

Re: Disability Insurance Specialists, LLC
Amendment to Certificate of Authority to Transact Business in Florida
FEIN: 06-1466211

To Whom It May Concern:

Please find attached an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for Disability Insurance Specialists, LLC.

The intent of this filing is change the name of the entity to "Sutherland Insurance (TPA) LLC".

Thank you for your time and attention to this matter. Please contact me at (856) 216-0220 or jkeller@westmontlaw.com should any additional information be required.

Respectfully,

Joseph Keller

Joseph Keller

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Disability Insurance Specialists, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Keller
Name of Person

Westmont Associates, Inc.
Firm/Company

1763 Marlton Pike East, Suite 200
Address

Cherry Hill, NJ 08003
City/State and Zip Code

jkeller@westmontlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Keller at (856) 216-0220
Name of Person Area Code & Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Disability Insurance Specialists, LLC

Enter new principal office 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) _____

_____

2. The Florida document number of this limited liability company is: M01000001200

3. Jurisdiction of its organization: Connecticut

4. Date authorized to do business in Florida: 5/30/2001

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Sutherland Insurance (TPA) LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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** _____
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove

9. Attached is a certificate, if required: 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.

Laurel Jordan
_____
Signature of the authorized representative

Laurel Jordan
_____
Typed or printed name of signee

Filing Fee: $25.00

Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: www.business.ct.gov
EMAIL: crd@ct.gov

OFFICE USE ONLY
(Label)

CERTIFICATE OF AMENDMENT

Limited Liability Company: DOMESTIC - *USE INK. PRINT OR TYPE. ATTACH 8 ½" X 11" SHEETS IF NECESSARY.*

FILING PARTY *(CONFIRMATION WILL BE SENT TO THIS ADDRESS)*:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

EMAIL:

TELEPHONE NUMBER:

FILING FEE: $120

Make checks payable to "Secretary of the State"

1. NAME OF LIMITED LIABILITY COMPANY *(REQUIRED - Name must exactly match the name on record with the Secretary of the State, including the business designation (e.g., LLC, L.L.C., etc.))*:

Disability Insurance Specialists, LLC

2. STATEMENT OF AMENDMENT *(REQUIRED - Check only one of the following statements, 2A, 2B, 2C or 2D)*:

THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION IS:

☐ **2A. AMENDED, NAME ONLY:** _____
(Provide new name, including the business designation, (e.g., L.L.C., LLC, etc.))

☐ **2B. AMENDED ONLY.** *In section 3 below, provide the full text of any amendments to the certificate of organization.*

☒ **2C. AMENDED AND RESTATED.** *In section 3 below, provide the full text of each amendment and attach a complete restatement of the limited liability company's certificate of organization incorporating the amendments.*

☐ **2D. RESTATED.** *Attach one document integrating all previous amendments into the limited liability company's certificate of organization.*

3. FULL TEXT OF EACH AMENDMENT *(REQUIRED if 2B or 2C above is checked. If additional pages attached, check this box* ☑ *)*:

The name is amended to be "Sutherland Insurance (TPA) LLC". The principal and mailing address is amended to be "c/o Sutherland Global Services, Inc., 175 Sully's Trail, Ste. 301, Pittsford, New York 14534". The name and address of the registered agent is amended to be "C T Corporation System, having a business address at 67 Burnside Ave., East Hartford, CT 06180-3408". The name of the sole member of the Company is amended to be "Sutherland Global Services Insurance LLC, having a business address c/o Sutherland Global Services, Inc., 175 Sully's Trail, Ste 301, Pittsford, New York 14534, email: legal@sutherlandglobal.com, Attention: Legal Department."

4. EXECUTION / SIGNATURE *(REQUIRED - Subject to penalties of false statement)*:

DATE SIGNED *(mm/dd/yyyy)*: 12 / 1 / 2023

NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY (print or type)	SIGNATURE
SUTHERLAND GLOBAL SERVICES INSURANCE LLC, as the sole member By: Alfred Piccirillo	Its Manager, President and Secretary	▶ DocuSigned by: Alfred Piccirillo FAD19DC881E8489...

Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: www.business.ct.gov
EMAIL: crd@ct.gov

OFFICE USE ONLY
(Label)

NOTE: DO NOT COMPLETE 4B BELOW IF AGENT APPOINTED IN 4A ON THE PREVIOUS PAGE.

B. If Agent is a business, print or type name of business as it appears on our records: C T Corporation System

Signature accepting appointment on behalf of agent: ▶ X Stephanie Hencz

Print full name and title of person signing on behalf of agent: Stephanie Hencz / Assistant Secretary

CONNECTICUT BUSINESS ADDRESS *(REQUIRED - No P.O. Box)*:
STREET: 67 Burnside Ave,
CITY: East Hartford
STATE: CT ZIP: 06108-3408

CONNECTICUT MAILING ADDRESS *(REQUIRED - P.O. Box IS acceptable)*:
STREET OR P.O. BOX: 67 Burnside Ave
CITY: East Hartford
STATE: CT ZIP: 06108-3408

5. MANAGER OR MEMBER INFORMATION *(REQUIRED)*:
(Must list at least one Manager or Member of the LLC. Attach 8 1/2" x 11" sheets if necessary):

FULL NAME	TITLE	BUSINESS ADDRESS *(No P.O. Box)*	RESIDENCE ADDRESS *(No P.O. Box)*
	☐ Member ☐ Manager	Check if none ☐ ADDRESS: CITY: STATE: ZIP:	ADDRESS: CITY: STATE: ZIP:
	☐ Member ☐ Manager	Check if none ADDRESS: CITY: STATE: ZIP:	ADDRESS: CITY: STATE: ZIP:

6. ENTITY E-MAIL ADDRESS *(REQUIRED)*: ☐ NONE
Check box if none. Do not leave blank.

7. NAICS CODE *(REQUIRED - six digits)*:

8. EXECUTION / SIGNATURE *(REQUIRED - Subject to penalties of false statement)*:

DATE *(mm/dd/yyyy)*: _____ / _____ / _____

NAME OF ORGANIZER *(print / type)* (THE LLC CANNOT BE ITS OWN ORGANIZER)	SIGNATURE
	▶

SECOND AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
OF
DISABILITY INSURANCE SPECIALISTS, LLC

THIS IS TO CERTIFY THAT:

1. The name of the limited liability company is Disability Insurance Specialists, LLC (the "Company").

2. The Articles of Organization of the Company were filed with the Secretary of the State of November 4, 1996, and amended on December 26, 2021 (as amended, the "Articles of Organization").

3. The Articles of Organization of the Company are further amended and restated in their entirety to read as follows:

FIRST. The name of the limited liability company is Sutherland Insurance (TPA) LLC.

SECOND. The nature of the business to be transacted by the limited liability company and the purpose for which the limited liability company is organized is to engage in any lawful act or activity for which limited liability companies may be formed under the Connecticut Limited Liability Company Act.

THIRD. The principal office address and mailing address of the limited liability company is c/o Sutherland Global Services, Inc., 175 Sully's Trail, Ste. 301, Pittsford, New York 14534.

FOURTH. The name and address of the registered agent is C T Corporation System, having a business address at 67 Burnside Ave., East Hartford, Connecticut 06108-3408. (see attached for agent acceptance)

FIFTH. The name of the sole member of the Company is Sutherland Global Services Insurance LLC, having a business address at c/o Sutherland Global Services, Inc, 175 Sully's Trail, Ste. 301, Pittsford, New York 14534, email: legal@sutherlandglobal.com, Attention: Legal Department.

Secretary of the State of Connecticut
Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, February 03, 2025 11:18 AM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	SUTHERLAND INSURANCE (TPA) LLC
Business ALEI	US-CT.BER:0543790
Formation Date	11/04/1996

Name Change History

Filing Type	*Filing Date*	*Previous Name*	*Updated Name*
Certificate of Amendment	12/05/2023	DISABILITY INSURANCE SPECIALISTS, LLC	SUTHERLAND INSURANCE (TPA) LLC

Secretary of the State

Business ALEI: US-CT.BER:0543790 Certificate Number: C-00156019

Note: To verify this certificate, visit Business.ct.gov