

M03066001898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

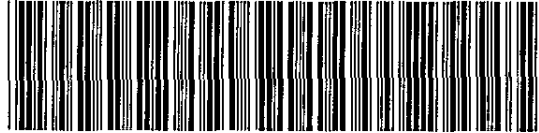
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100032576631

FILED  
REC-30  
04 APR 30 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 APR 30 PM 12:57  
STATE  
TALLAHASSEE, FLORIDA

FILED  
04 APR 30 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 598705 7362570  
AUTHORIZATION : *Patricia Pigute*  
COST LIMIT : \$ 25.00

FILED  
APR 30 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 28, 2004

ORDER TIME : 11:32 AM

ORDER NO. : 598705-015

CUSTOMER NO: 7362570

CUSTOMER: Mr. John D'ambrosio  
Allied North America  
390 North Broadway

Jericho, NY 11753

FILED  
APR 30 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: ALLIED NORTH AMERICA INSURANCE  
BROKERAGE OF VIRGINIA, LLC

XX\_\_ LLC

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: \_\_\_\_\_

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

**SECTION I (1-3 must be completed)**


1. Name of limited liability company as it appears on the records of the Florida Department  
State: Allied North America Insurance Brokerage of Virginia, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: June 11, 2003

**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? April 26, 2004
5. New name of the limited liability company: \_\_\_\_\_  
Allied North America Insurance Brokerage of Washington D.C., 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.

  
Signature of a member or the authorized  
representative of a member

William A Marino - Member

Typed or printed name of signee

Filing Fee: \$25.00

**FILED**  
APR 30 AM 7:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**FILED**  
APR 30 AM 7:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALLIED NORTH AMERICA INSURANCE BROKERAGE OF VIRGINIA, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALLIED NORTH AMERICA INSURANCE BROKERAGE OF WASHINGTON, D.C., LLC", THE TWENTY-SIXTH DAY OF APRIL, A.D. 2004, AT 2:28 O'CLOCK P.M.

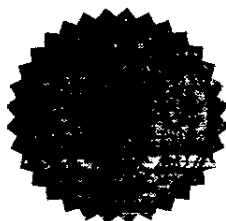
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIED NORTH AMERICA INSURANCE BROKERAGE OF VIRGINIA, LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

3611600 8320

040313245



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 3081920

DATE: 04-29-04