

M03 000002236

(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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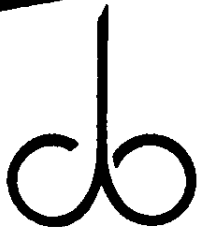
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16 JAN 10 11:19:32  
FALLS CHURCH, VA  
STATE BAR OF VA

J. Stivers JAN 17 2013

M



**Central Licensing Bureau, Inc.**

1501 NORTH UNIVERSITY  
SUITE 550  
LITTLE ROCK, ARKANSAS 72207-5271  
[www.centrallicensingbureau.com](http://www.centrallicensingbureau.com)  
(501) 664-8044  
FAX - (501) 664-6182

BILL WOODYARD  
President

January 6, 2014

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the necessary documents to amend the certificate of authority of **SJA Insurance Agency, LLC (M03000002236)** to reflect the entity name change to **Sompo Japan Nipponkoa America Insurance Services, LLC** in your state effective 01/01/2014. The limited liability company will continue to be in the business of insurance functioning as a non-resident insurance agency.

I trust this letter and the enclosed document and fee will place this filing in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Sincerely,

Brenda Anthony  
Corporate Qualification Division

/bsa  
Enclosures

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SJA Insurance Agency, 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:

Brenda Anthony

\_\_\_\_\_  
Name of Person

Central Licensing Bureau

\_\_\_\_\_  
Firm/Company

1501 N University, Suite 550

\_\_\_\_\_  
Address

Little Rock, AR 72207

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Anthony

at ( 501 ) 664-8044

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
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 of State: SJA Insurance Agency, LLC
2. Jurisdiction of its organization: North Carolina
3. Date authorized to do business in Florida: 06/30/2003

**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? 10/18/2013
5. New name of the limited liability company: Sompo Japan Nipponkoa America Insurance, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

Services, 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 end with "Limited Liability Company," "L.L.C." or "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

Ellen C. Caldwell

Typed or printed name of signee

**Filing Fee: \$25.00**



# NORTH CAROLINA Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

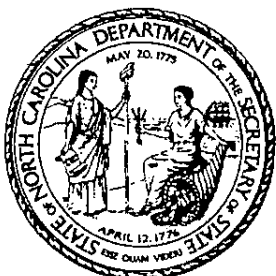
## ARTICLES OF AMENDMENT

OF

**SOMPO JAPAN NIPPONKOA AMERICA INSURANCE SERVICES, LLC**

the original of which was filed in this office on the 18th day of October, 2013.

14 OCT 19 PM 12:32  
TALAMON, J. W.  
SECRETARY OF STATE



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of December, 2013.

*Elaine F. Marshall*

Secretary of State

SOSID: 0001377  
Date Filed: 10/18/2013 2:22:00 PM  
Effective: 1/1/2014  
Elaine F. Marshall  
North Carolina Secretary of State  
C2013 276 00725

State of North Carolina  
Department of the Secretary of State

Limited Liability Company  
AMENDMENT OF ARTICLES OF ORGANIZATION

Pursuant to §57C-2-22 of the General Statutes of North Carolina, the undersigned limited liability company hereby submits the following Articles of Amendment for the purpose of amending its Articles of Organization.

1. The name of the limited liability company is: SJA Insurance Agency, LLC
  
2. The text of each amendment adopted is as follows (attach additional pages if necessary):  
Item 1. of the Articles of Organization is hereby amended to read as follows: The name of the limited liability company is: Sampo Japan Nipponkoa America Insurance Services, LLC
  
3. (Check either a or b, whichever is applicable)  
a.  The amendment(s) was (were) duly adopted by the unanimous vote of the organizers of the limited liability company prior to the identification of initial members of the limited liability company.  
b.  The amendment(s) was (were) duly adopted by the unanimous vote of the members of the limited liability company or was (were) adopted as otherwise provided in the limited liability company's Articles of Organization or a written operating agreement.
  
4. These articles will be effective upon filing, unless a date and/or time is specified: January 1, 2014

This the 18 day of October, 20 13.

SJA Insurance Agency, LLC  
*Name of Limited Liability Company*  
Ellen C. Caldwell  
*Signature*  
Ellen C. Caldwell, Manager  
*Type or Print Name and Title*

RECEIVED  
14 SEP 19 PM 1:32  
SECRETARY OF STATE

NOTES:

1. Filing fee is \$50. This document must be filed with the Secretary of State.

(Revised January 2000)  
CORPORATIONS DIVISION

P. O. BOX 29622

(Form L-17)  
RALEIGH, NC 27626-0622