

MD3000002236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

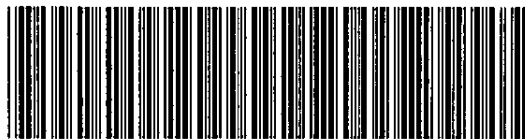
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Licensing Bureau

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

dwelshans@sjnk-us.com

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

For further information concerning this matter, please call:

Brenda Anthony

Name of Person

at (501) 664-8044

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

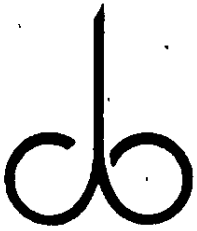
Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



Central Licensing Bureau, Inc.

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

BILL WOODYARD
President

August 6, 2015

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 **Sompo Japan Nipponkoa America Insurance Services, LLC (M03000002236)** to reflect the entity name change in their home state to **Sompo America Insurance Services, LLC** effective 09/01/2015. 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. **I have included an additional \$5.00 in order to obtain an updated Certificate of Status once filing is complete.** If any further action is required, please do not hesitate to contact me.

Sincerely,

Brenda Anthony
Corporate Qualification Division

/bsa

Enclosures

**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: Sompo Japan Nipponkoa America Insurance Services, 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? _____

5. New name of the limited liability company: Sompo America Insurance Services, LLC
(must end with "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 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

FILED
15 AUG 10 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 AMERICA INSURANCE SERVICES LLC

WHICH CHANGED ITS NAME TO

SOMPO AMERICA INSURANCE SERVICES, LLC

the original of which was filed in this office on the 27th day of July, 2015.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of July, 2015.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

SOSID: 0661399
 Date Filed: 7/27/2015 11:25:00 AM
 Effective: 9/1/2015
 Elaine F. Marshall
 North Carolina Secretary of State
 C2015 204 00420

Limited Liability Company
AMENDMENT OF ARTICLES OF ORGANIZATION

Pursuant to §57D-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: Sompo America Insurance Services, 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: Sompo America Insurance Services, LLC

3. (Check either a or b, whichever is applicable)
 - A. ☐ The amendment(s) was (were) duly adopted by the majority 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: September 1, 2015

This the 2nd day of July, 2015

Sompo Japan Nipponkoa America Insurance Services, LLC

Name of Limited Liability Company

Ellen C. Caldwell

Signature

Ellen C. Caldwell, EVP, SJA, Company Official
Type or Print Name and Title

NOTES:

1. Filing fee is \$50. This document must be filed with the Secretary of State.
 CORPORATIONS DIVISION
 (Revised January 2014)

P. O. BOX 29622

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