

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M0600005702

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000253073)))



H220000253073ABCV

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614) 280-3338  
 Fax Number : (954) 208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 SEACOAST BROKERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2022 JAN 20 AM 10:12

FILED

2022 JAN 20 AM 7:11  
 RECEIVED STATE  
 FILED

APPROVED  
 AND  
 FILED

# 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: Seacoast Brokers, 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: M06000005702

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: 10/17/2006

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

5. New name of the limited liability company: Amwins Digital Insurance Services, 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 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

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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:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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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.

/s/ Scott M. Purviance

Signature of the authorized representative

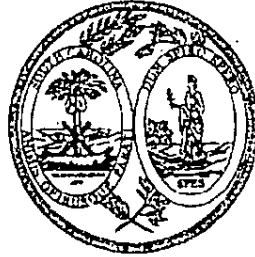
Scott M. Purviance, Manager

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**



# *The State of South Carolina*




*Office of Secretary of State Mark Hammond*

## **Certificate Under Seal**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Amwins Digital Insurance Services, LLC,  
'Amwins Digital Insurance Services, LLC', a Limited Liability Company duly organized under the laws of the state of South Carolina on April 3rd, 2001, filed an Amended Articles of Organization on December 14th, 2021, changing the entity name from 'SEACOAST BROKERS, LLC' to 'Amwins Digital Insurance Services, LLC'. As of this date, the entity listed above is in good standing. Nothing else is hereby certified.

Given under my Hand and the Great Seal  
of the State of South Carolina this 19th day  
of January, 2022.

  
Mark Hammond, Secretary of State