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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 PETFIRST HEALTHCARE LLC

Certificate of Status	0
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Help

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 Con-	npany as it appears on the records	of the Florida Department of		
State: PetFirst Healthcare LLC				
2. The Florida document number of t	his limited liability company is:	منتتأ		
3. Jurisdiction of its organization: <u>K</u>	entucky	SEP 1'5		
4. Date authorized to do business in	Florida: 12/06/2006			
SECTION II (5-9 complete only th	_	U		
5. New name of the limited liability	(must contain "Limited Liabi	lity Company, ""L.L.C.," or "L.L.C."pp		
(If name unavailable, enter alternate name adopteronsent of the managers or managing members a Company, ""T. L.C." or "LLC.") 6. If amending the registered agent a the new registered agent and/or the i	nd/or registered office address of	our records, enter the name of		
Name of New Registered Agent:	C T Corporation System			
New Registered Office Address:	1200 Sauth Ding Island Pond			
	Plantation Cay	Florida <u>33324</u>		
New Registered Agent's Signature. I hereby accept the appointment as a comply with the provisions of all staduties, and I am familiar with and a provided for in Chapter 605. F.S. Or registered office address, I hereby a writing of this change. 7. If the amendment changes the junctions of the second content of the second conten	registered agent and agree to actuates relative to the proper and concept the obligations of my position, if this document is being filed confirm that the limited liability of the liability o	ion as registered agent as to merely reflect a change in the company has been notified in Stephen Rullis of New Registered Agent ASSI, Secretary		

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			☐ Remove
			Remove
			Add
			Remove
			Add
			Remov
aforementione	ertificate, if required: no more that dispersion and amendment(s), duly authenticated der the law of which this entity is signature of the	ed by the official naving cus	he stody of records in th

Filing Fee: \$25.00

Florida Consent

From: Sharp, John < John.Sharp@myfloridacfo.com>

Sent: Wednesday, July 29, 2020 10:50 AM

To: Kelly, Alison 2 Erhart, foe <10e.Erhart@floir.com

Cc: Joy Ryan (<u>joy@meenanlawfirm.com</u>) <<u>joy@meenanlawfirm.com</u>> Subject: RE: [EXT] RE: Name change review & approval request--MetLife

Good morning Alison.

There is no issue with changing the name to MetLife Pet Insurance Solutions LLC. When the process is complete, just email the documentation to agentlicensing@myfloridacfo.com and we will change the name on the license.

Sincerely,

John Sharp
Government Analyst
Division of Insurance Agent & Agency Services
Florida Department of Financial Services
Representing Chief Financial Officer Jummy Patronis
Phone: 850-413-5542 john.sharp@myfloridacfo.com



Michael G. Adams **Secretary of State**

Certificate

I, Michael G. Adams, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF AMENDMENT OF

METLIFE PET INSURANCE SOLUTIONS LLC FILED SEPTEMBER 10, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 15th day of September, 2020.



michael I. adam

Michael G. Adams Secretary of State Commonwealth of Kentucky jclark/0590339 - Certificate ID: 236122

0590339.06

vmiller AMD

Michael G. Adams Kentucky Secretary of State Received and Filed: 9/10/2020 3:06 PM Fee Receipt: \$40.00

ARTICLES OF AMENDMENT TO THE ARTICLES OF ORGANIZATION OF METILIFE PET INSURANCE SOLUTIONS, LLC

For the purpose of amending the Articles of Incorporation of MetLife Pet Insurance Solutions, LLC, a Kentucky Limited Liability Corporation, its sole Member, MetLife, Inc., bereby submits the following Articles of Amendment to the Secretary of State for filing:

- 1. The name of the corporation is MetLife Pet Insurance Solutions, LLC (the "Company").
- Article 1 of the Company's Articles of Organization is amended to state, "The name
 of the limited liability company shall be MetLife Pet Insurance Solutions LLC."
- The annualment set forth above was adopted on the 9th day of September, 2020, in an action by written consent of the sole member of the Company in accordance with Chapter 275 of the Kentucky Revised Statutes.

IN WITNESS WHEREOF, the undersigned sole Member of the Company has executed the foregoing Articles of Amendment to the Articles of the Company, as of the 9th day of September, 2020.

MEMBER

METLIFE, INC.

Print Name: Timothy J. Ring

Its: Vice President and Corporate Secretary