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SECKLIARY OF STATE
JALLAHASSEE, FLORIOZ

B. BOSTICK
SEP 10 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	naging General Agency n Limited Liability Company	, LLC
Dear Sir or Madam:		
The enclosed application, certificate and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Candice Amorim		
Name of Person		
Perr&Knight		
Firm/Company		
3 Second St., Suite 802		
Address		
Jersey City, NJ 07311		De co
City/State and Zip Code	2	IZ SE
rplatt@wrightrisk.com		P-7
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter,	please call:	SE STATE OR STATE OF
Candice Amorim	at (201) 79	3-1480
Name of Person	Area Code & Daytime Tel	ephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 63	Section Corporations
Enclosed is a check for the following amoun \$\sum{2}\$\$ \$25\$ Filing Fee \$\sum{2}\$\$ Certificate of Status	S55 Filing Fee & S	\$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: WRM America Managing General Agency, LLC	_	
2.	Jurisdiction of its organization: DE W0800003	53	2
3.	Date authorized to do business in Florida: 07-28-2008	_	
	SECTION II (4-7 complete only the applicable changes)		
	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: Wright Specialty Insurance Agency, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")	_	
F1 th	f name unavailable, enter alternate name adopted for the purpose of transacting business in lorida 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." "LLC.")	12	
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:	SEP -7, AM 11: 35	
8.	If the amendment corrects any false statement, indicate the statement being corrected and 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 juris under the law of which this entity is organized. Signature of a member or the authorized representative of a member	– :dicti	on
	Gerard P. Elicks		
	Typed or printed name of signee		

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "WRM AMERICA MANAGING

GENERAL AGENCY, LLC", CHANGING ITS NAME FROM "WRM AMERICA

MANAGING GENERAL AGENCY, LLC" TO "WRIGHT SPECIALTY INSURANCE

AGENCY, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF

AUGUST, A.D. 2012, AT 10 O'CLOCK A.M.

12 SEP -7 AHII: 35

4532695 8100

120987805

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 9816374\)

DATE: 08-30-12

You may verify this certificate online at corp.delaware.gov/authver.shtml