

M08000004259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

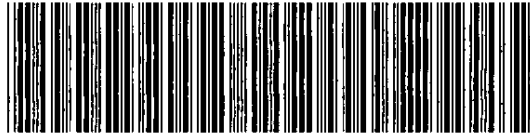
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 PM 2:17

FILED

N.C. OCT -5 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN HEALTHCARE ASSURANCE RISK PURCHASING GROUP, 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:

STEPHANIE WATKINS

Name of Person

Firm/Company

625 WALTHAM AVE

Address

ORLANDO, FL 32809

City/State and Zip Code

HOMGD@CFL.RR.COM

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

For further information concerning this matter, please call:

STEPHANIE

Name of Person

at (407)855-1136

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2009

STEPHANIE WATKINS
625 WALTHAM AVENUE
ORLANDO, FL 32809

SUBJECT: SOUTHERN HEALTHCARE ASSURANCE RISK PURCHASING
GROUP, LLC
Ref. Number: M08000004259

We have received your document for SOUTHERN HEALTHCARE ASSURANCE RISK PURCHASING GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

You sent the amendment from Delaware, but still need a certificate.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 709A00024795

**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
Stat SOUTHERN HEALTHCARE ASSURANCE RISK PURCHASING GROUP, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: 09/18/2008

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? 7/14/2009
5. New name of the limited liability company: SPECIALITY LIABILITY INSURANCE RISK
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

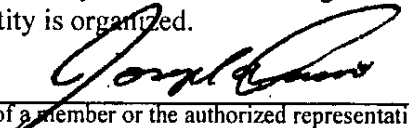
PURCHASING GROUP, LLC

(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

JOSEPH M DIMINO
Typed or printed name of signee

Filing Fee: \$25.00

FILED
09 OCT -5 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 "SOUTHERN HEALTHCARE
ASSURANCE RISK PURCHASING GROUP, LLC", CHANGING ITS NAME FROM
"SOUTHERN HEALTHCARE ASSURANCE RISK PURCHASING GROUP, LLC" TO
"SPECIALTY LIABILITY INSURANCE RISK PURCHASING GROUP, LLC",
FILED IN THIS OFFICE ON THE TWENTIETH DAY OF JULY, A.D. 2009, AT
11:30 O'CLOCK A.M.

4178153 8100

090853677

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7555978

DATE: 09-29-09

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: SOUTHERN HEALTHCARE
ASSURANCE RISK PURCHASING GROUP, LLC

2. The Certificate of Formation of the limited liability company is hereby amended
as follows: NAME OF LLC IS HEREBY CHANGED TO SPECIALITY
LIABILITY INSURANCE RISK PURCHASING GROUP, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the JULY day of 14TH, A.D. 2009.

By: _____


Authorized Person(s)

Name: JOSEPH M DIMINO

Print or Type