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Florida Department of State
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To:

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

From:

Account Name : TOWER HILL INSURANCE GROUP
Account Number : 120050000072
Phone : (352) 333-1488
Fax Number : (352) 332-7190

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2009 JUN 16 AM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TOWER HILL CLAIMS MANAGEMENT, LLC

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

A. LUNT

JUN 17 2009

EXAMINER

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TALLAHASSEE, FLORIDA

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**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: Tower Hill Claims Management, LLC
2. Jurisdiction of its organization: Kentucky
3. Date authorized to do business in Florida: 11/12/2008

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? June 1, 2009
5. New name of the limited liability company: Tower Hill 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

Donald C. Matz, Jr.

Typed or printed name of signer

Filing Fee: \$25.00

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Trey Grayson
Secretary of State

Certificate

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Trey Grayson, 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

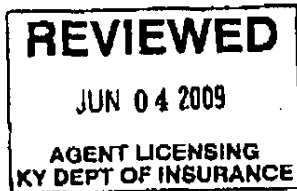
TOWER HILL CLAIMS MANAGEMENT, LLC CHANGING IT'S NAME TO TOWER HILL INSURANCE SERVICES, LLC FILED JUNE 5, 2009.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of June, 2009.



Trey

Trey Grayson
Secretary of State
Commonwealth of Kentucky
munullins/0597061 - Certificate ID: 81502



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Trey Grayson
Secretary of State
Received and Filed
06/05/2009 3:02:35 PM
Fee Receipt: \$40.00

ARTICLES OF AMENDMENT OF
TOWER HILL CLAIMS MANAGEMENT, LLC

The undersigned authorized representative of one or more members hereby submits these Articles of Amendment to Tower Hill Claims Management, LLC ("Company") pursuant to the KRS Chapter 275, for the purpose of amending the name of the Company and for that purpose submits the following:

1. The name of the Company as amended is Tower Hill Insurance Services, LLC.
2. The text of the amendment adopted is as follows:

Resolved that the Company amend its name to Tower Hill Insurance Services, LLC.
3. The amendment was adopted as of the 1st day of June, 2009
4. The amendment was duly adopted by the Members in accordance with the Operating Agreement of the Company.

Dated May 29, 2009.

TOWER HILL INSURANCE SERVICES, LLC

BY: 

Donald C. Matz, Jr.
Authorized Representative

STATE OF FLORIDA)

COUNTY OF ALACHUA)

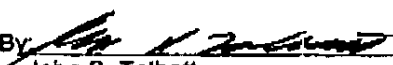
The foregoing instrument was acknowledged, subscribed and sworn to before me this 29th day of May, 2009 by Donald C. Matz, Jr. as the Authorized Representative of Tower Hill Insurance Services, LLC.

My Commission Expires: July 10, 2009



NOTARY PUBLIC

This Instrument Prepared By:

DeCAMP & TALBOTT, P.S.C.

By: 
John S. Talbott
301 East Main Street, Suite 600
Lexington, Kentucky 40507
(859) 225-1191

relatively tower hill amendment to articles

NOTARY PUBLIC-STATE OF FLORIDA
 Cheryl A. Feather
Commission # DD433802
Expires: JULY 10, 2009
Bonded Thru Atlantic Bonding Co., Inc.