

M 08 00000 5019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

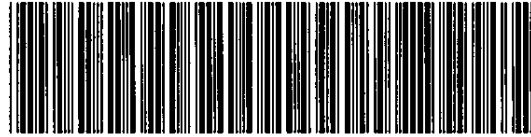
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 APR - 1 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 3 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tower Hill Insurance Services, 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:

Scott Rowe

Name of Person

Tower Hill Insurance Group, LLC

Firm/Company

7201 NW 11th Place

Address

Gainesville, FL 32605

City/State and Zip Code

cfillmon@thig.com

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

For further information concerning this matter, please call:

Chrissy Fillmon

Name of Person

at (352) 333-1439

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

March 24, 2014

SCOTT ROWE
TOWER HILL INSURANCE GROUP LLC
7201 NW 11TH PLACE
GAINESVILLE, FL 32605

SUBJECT: TOWER HILL INSURANCE SERVICES, LLC
Ref. Number: M08000005019

We have received your document for TOWER HILL INSURANCE SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 014A00005306



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2014

SCOTT ROWE
TOWER HILL INSURANCE GROUP LLC
7201 NW 11TH PLACE
GAINESVILLE, FL 32605

SUBJECT: TOWER HILL INSURANCE SERVICES, LLC
Ref. Number: M08000005019

We have received your document for TOWER HILL INSURANCE SERVICES, LLC and your check(s) totaling \$30.00. 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.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 014A00005306

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY 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 Insurance Services, LLC MO800000 5019
2. Jurisdiction of its organization: Kentucky
3. Date authorized to do business in Florida: 11/12/08

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: Bluegrass Insurance Management, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

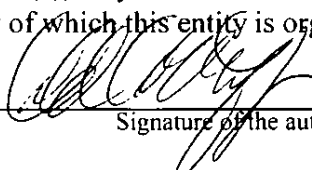
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Resolved, that the Company amend its Officers as follows: James Nowak is hereby removed as

Chief Operating Officer and Keyton Benson is hereby appointed to serve as Chief Operating Officer.

7. Attached is an original 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.



Signature of the authorized representative

Donald C. Matz, Jr.

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2014 APR - 1 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REVIEWED

MAR 11 2014

KY DEPT OF INSURANCE
AGENT LICENSING



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0597061.06

dcornish
AMD

Allison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/12/2014 9:49 AM
Fee Receipt: \$40.00

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 864-3490
www.sos.ky.gov

Articles of Amendment
(Limited Liability Company)

LLA

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. Name of the limited liability company on record with the Office of the Secretary of State is:

Tower Hill Insurance Services, LLC

(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: The name of the Company as amended is Bluegrass Insurance Management, LLC.

Resolved, that the Company amend its Officers as follows: James Nowak is hereby removed as Chief Operating Officer and Keyton Benson is hereby appointed to serve as Chief Operating Officer.

3. The date of adoption of each amendment was 3/6/14

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

The amendment(s) was/were duly adopted by the managers _____ or members ☒ in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

6. The individual signing these articles of amendment is a (check only one): Member ☒ or Manager _____

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

[Signature]
Signature of Member, Manager or Authorized Party

Donald C. Matz, Jr.

Secretary

3/6/14

Printed Name

Title

Date

[Signature]
Signature of Member, Manager or Authorized Party

Keyton Benson

Director

3/6/14

Printed Name

Title

Date