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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRIGHT PROGRAM INSURANCE AGENCY, 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:

JOSHUA DAUB

Name of Person

WRIGHT RISK MANAGEMENT COMPANY

Firm/Company

333 EARLE OVINGTON BLVD, STE 505

Address

UNIONDALE, NY 11553

City/State and Zip Code

JDAUB@WRIGHTINSURANCE.COM

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

For further information concerning this matter, please call:

JOSHUA DAUB at (516) 750-9406

Name of Person

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

**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: WRIGHT PROGRAM INSURANCE AGENCY, LLC

2. Jurisdiction of its organization: DELAWARE

3. Date authorized to do business in Florida: 10/18/2010

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? 10-7-2013

5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

WRIGHT PROGRAM MANAGEMENT, 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

Rona L. Platt

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

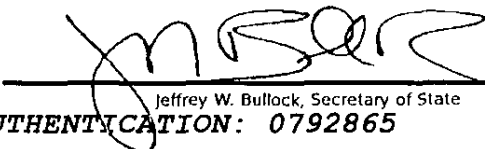
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WRIGHT PROGRAM INSURANCE AGENCY, LLC", CHANGING ITS NAME FROM "WRIGHT PROGRAM INSURANCE AGENCY, LLC" TO "WRIGHT PROGRAM MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF OCTOBER, A.D. 2013, AT 11:20 O'CLOCK A.M.

4868102 8100

131168079



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0792865

DATE: 10-07-13

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:20 AM 10/07/2013
FILED 11:20 AM 10/07/2013
SRV 131168079 - 4868102 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

Wright Program Insurance Agency, LLC ("the LLC"), a limited liability company organized and existing under and by virtue of the Limited Liability Company Act of the State of Delaware, does hereby certify that:

1. The name of the LLC is "Wright Program Insurance Agency, LLC."
2. The Certificate of Formation of the LLC is hereby amended by striking paragraph FIRST thereof and substituting the following in lieu thereof:

The name of the limited liability company is "Wright Program Management, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 7 day of October, 2013.

By: 

Name: Rona L. Platt

Title: Manager