

M11000004137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

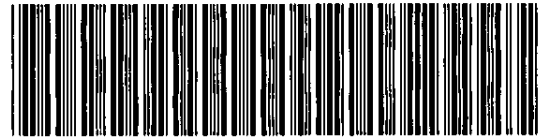
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
2014 JAN 15 11:42
SECRETARY OF FILING

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2014 JAN 16 11:01
SECRETARY OF FILING
TALLAHASSEE, FLORIDA

J. Shivers JAN 17 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 954357 5155750
AUTHORIZATION : [Signature]
COST LIMIT : \$ 25.00

ORDER DATE : January 8, 2014
ORDER TIME : 2:58 PM
ORDER NO. : 954357-020
CUSTOMER NO: 5155750

FOREIGN FILINGS

NAME: ALVAREZ & MARSAL INSURANCE
ADVISORY SERVICES, LLC

- CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

Vertical stamp: 14 JAN 15 10:10:21

**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: Alvarez & Marsal Insurance Advisory Services, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: August 17, 2011

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

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

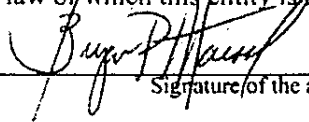
Alvarez & Marsal Insurance and Risk Advisory Services, LLC

(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: _____

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

Bryan P. Marsal, Manager

Typed or printed name of signee

Filing Fee: \$25.00

RECEIVED
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
AUG 17 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alvarez & Marsal Insurance Advisory 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:

Joel A. Poretsky

Name of Person

Alvarez & Marsal

Firm/Company

600 Madison Avenue - 8th Floor

Address

New York, New York 10022

City/State and Zip Code

jporetsky@alvarezandmarsal.com

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

For further information concerning this matter, please call:

Joel A. Poretsky

at (212) 328-8626

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
AUG 15 2011

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALVAREZ & MARSAL INSURANCE ADVISORY SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALVAREZ & MARSAL INSURANCE AND RISK ADVISORY SERVICES, LLC", THE TWENTIETH DAY OF DECEMBER, A.D. 2013, AT 2:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

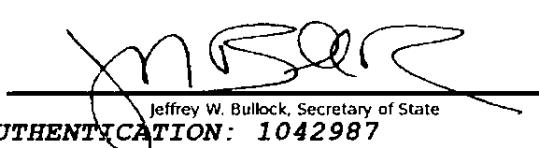
14 JAN 16 AM 10:21
STATE OF DELAWARE
DEPARTMENT OF REVENUE

5025012 8320

140024287



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1042987

DATE: 01-08-14