

M1200005575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

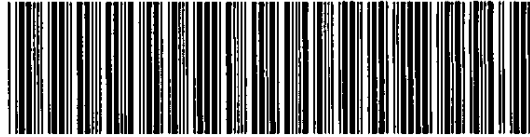
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUL 20 P 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 21 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDP Insurance Brokerage 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:

Andrew Hart

Name of Person

3H Corporate Services, LLC

Firm/Company

6 Clement Avenue

Address

Saratoga Springs, NY 12866

City/State and Zip Code

idp@3hcs.com

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

For further information concerning this matter, please call:

Andrew Hart

Name of Person

at (518) 583-0639 x116

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

2016 JUL 20 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: IDP Insurance Brokerage LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M12000005575

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 10/02/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Distinguished Specialty Insurance Brokerage 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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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9. Attached is a 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.

X Carla Vel **Carla Vel**
Signature of the authorized representative

Manager

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on July 13, 2016.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State



Division of Corporations,
State Records and
Uniform Commercial Code

160519000 177

New York State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
www.dos.ny.gov

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF

IDP Insurance Brokerage LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

IDP Insurance Brokerage LLC

If the name of the limited liability company has been changed, the name under which it was organized is:

SECOND: The date of filing of the articles of organization is: 08/08/2012

THIRD: The amendment effected by this certificate of amendment is as follows:

The subject matter and full text of each amended paragraph must be stated.

FOR EXAMPLE, a certificate of amendment changing the name of the limited liability company would read as follows:

Paragraph FIRST of the Articles of Organization relating to the name of the limited liability company is hereby amended to read as follows:

FIRST: The name of the limited liability company is (...new name...).

Paragraph FIRST of the Articles of Organization relating to

the name of the limited liability company

is hereby amended to read as follows:

FIRST: The name of the limited liability company is: Distinguished Specialty Insurance Brokerage LLC.

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X *Carla Vel*
(Signature)

Capacity of Signer (Check appropriate box):

☐ Member☐ Manager☒ Authorized Person

Carla Vel

(Type or print name)

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF

IDP Insurance Brokerage LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

FILED

2016 MAY 19 AM 10:09

Filed by:

3H Corporate Services, LLC

(Name)

6 Clement Avenue

(Mailing address)

Saratoga Springs, NY 12866

(City, State and Zip Code)

NOTES:

1. The name of the limited liability company and the date of filing of the articles of organization must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
2. This form was prepared by the New York State Department of State for filing a certificate of amendment for a domestic limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal supply stores.
3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
4. The certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only)

RECEIVED

2016 MAY 19 AM 10:09

1cc
STATE OF NEW YORK
DEPARTMENT OF STATE

FILED MAY 19 2016

TAXS

BY: *h*

Page 2 of 2

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NEW YORK STATE
DEPARTMENT of
FINANCIAL SERVICES

Andrew M. Cuomo
Governor

Marta T. Vullo
Acting Superintendent

3H CORPORATE SERVICES, LLC
ATTN: ANDREW HART
6 CLEMENT AVENUE
SARATOGA SPRINGS NY 12866

May 03, 2016

THE NAME DISTINGUISHED SPECIALTY INSURANCE BROKERAGE LLC HAS BEEN APPROVED AS A CHANGE FROM IDP INSURANCE BROKERAGE LLC AND WILL BE RESERVED FOR A PERIOD OF SIX MONTHS DURING WHICH TIME A LICENSE MUST BE ISSUED IN THE NEW NAME. SINCE THIS IS A CHANGE TO A CURRENTLY LICENSED NAME, NEITHER AN APPLICATION NOR A FEE IS REQUIRED.

BEFORE WE CAN ISSUE A LICENSE IN THE NEW NAME WE NEED THE RETURN OF THE LICENSE ISSUED IN THE PREVIOUS NAME. WE REQUIRE A COPY OF THE NEW YORK STATE DEPARTMENT OF STATE FILING RECEIPT SHOWING THAT THE NAME HAS BEEN AMENDED. YOU MAY CONTACT THAT DEPARTMENT BY CALLING 518-473-2492 OR BY WRITING THEM AT NYS DEPARTMENT OF STATE, DIVISION OF CORPORATIONS, ONE COMMERCE PLAZA, 99 WASHINGTON AVENUE, ALBANY, NY 12231-0001.



Very truly yours,

LICENSING BUREAU
TEL. (518) 474-6630

gms

ONE COMMERCE PLAZA, ALBANY, NY 12257; WWW.DFS.NY.GOV

State of New York
Department of State } ss:

I hereby certify, that IDP INSURANCE BROKERAGE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/08/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment IDP INSURANCE BROKERAGE LLC, changing its name to DISTINGUISHED SPECIALTY INSURANCE BROKERAGE LLC , was filed 05/19/2016.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 12th day of July two
thousand and sixteen.*

Anthony Giardina

Executive Deputy Secretary of State