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10:	
	Division of Corporations
	Fax Number : (850)617-6383
From	:
	Account Name : C T CORPORATION SYSTEM
5 S	Account Number : FCA000000023
	Phone : (614)280-3338
5 <b>5</b> 5.	Fax Number : (614)\$73-3996
POSATA POSATA FILL	
₹ <u>1,81,11</u>	
_ : Ente	r the email address for this business entity to be used for future
	annual report mailings. Enter only one email address please.**
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPITAL BAY UNDERWRITING, LLC

Certificate of Status	()
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Page Count	04
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From: Kaity

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## 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)

registered agent and/or the new registered	<u>office address here:</u> PPLICABLE			
	registered officer address on our records, enter the name of th	e new		
(If name unavailable, enter alternate name copy of the written consent of the manage must contain "Limited Liability Company	adopted for the purpose of transacting business in Florida and ers or managing members adopting the alternate name. The alte ""L.L.C." or "LLC.")	fattach a ernate nai		
<ol> <li>New name of the limited liability comp</li> </ol>	pany: RYAN SPECIALTY LATIN AMERICA, LLC (must contain "Limited Liability Company," "L.L.C.," or	"F.L.C.")		
SECTION II (5-9 complete only the app	·	Öm		
4. Date authorized to do business in Florida: 02/21/2022				
3. Jurisdiction of its organization: DELAWARE				
2. The Florida document number of this li	mited liability company is: M22000002744	- KAN		
		200 200 200 200 340		
(Mailing address MAY BE A POST OFFICE BOX)				
Enter new mailing address, if applicable:	NOT APPLICABLE			
( <u>Principal office address</u> MUST BE <u>A STREET ADDRESS</u> )				
Enter new principal office address, if appl	ficable: NOT APPLICABLE			
Enter new principal affice address, if anal	Republic NOT APPLICABLE			

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

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

8. If the amendment changes person, title or capacity in accordance with 605,0902(1)(e), indicate that change:  NOT APPLICABLE					
tle/Capacity	Name	Address	Type of Actio		
			Dadd		
			FiReme		
			RESERVE ARE ARE ARESEEL FEDRION IN		
			□Reme		
aforementioned am	cate, if required: no more than 90 da endment(s), duly authenticated by the law of which this entity is organized.  Mark 5, bath Signature of the	e official having custody of recor ed.	□Remo		

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CAPITAL BAY

UNDERWRITING, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO "RYAN SPECIALTY LATIN AMERICA, LLC" ON THE FIFTEENTH

DAY OF JULY, A.D. 2024, AT 4:35 O'CLOCK P.M.



Authentication: 204014240

Date: 07-25-24