M22000013624

(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



500415643085

09/14/23--01013--605 **25.00







September 11, 2023

Via Federal Express

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Brit Insurance Services USA, LLC

FL Document Number: M22000013624

Amendment to Certificate of Authority to Transact Business in Florida (FLLC)

Dear Sir or Madam.

Enclosed please find the following:

- Cover Letter:
- 2. Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida:
- 3. Certified copy of Articles of Amendment from the state of domicile;
- 4. Good Standing Certificate from the state of domicile; and
- 5. Check #1000062340 to cover the filing fee.

Would you please file the Application for Amendment as soon as possible and return a file-stamped copy or confirmation of filing to me via email and/or using the self-addressed Fedex label and envelope provided for your convenience? If you have any questions at all, please contact me at 214.808.0235 or

melanie.oliver@amyntagroup.com. Thank you in advance for your attention to this matter.

With kind regards,

Melanie Oliver

Melanie Oliver

Enclosures

COVER LETTER

TO: Registration Section

Divis	sion of Corporations					
SUBJECT:	Brit Insurance Services USA, LLC					
	Name of Foreig	Name of Foreign Limited Liability Company				
Dear Sir or N	Лаdam:					
The enclosed	d application, certificate and fee(s)	are submitted	for filing.			
Please return	all correspondence concerning thi	s matter to the	e following:			
Melanie Olive	er					
	Name of Person		_			
The Amynta	Group					
	Firm/Company		_			
430 Country	View Lane					
	Address					
Garland, TX	75043					
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code					
legaladmin@	eamyntagroup.com					
E-mail add	dress: (to be used for future annual	report notifica	ation)			
For further in	oformation concerning this matter,	nlease call:				
Melanie Olive		214 at (808-0235			
	Name of Person		e & Daytime Telephone Number			
Maili	ng Address:		Street Address:			
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Talla	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Encl	osed is a check for the following	amount.				
■\$25 Filing Fee □ \$30 Filing Fee & □ \$60 Filing Fee,						
····· b	Certificate of Status	Certified	=			
CR2E055 (9/15))					

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 appea	urs on the records of the Florida	Department of
State: Brit Insurance Services USA, LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		2023 SEP
Enter new mailing address, if applicable:	P.O. Box 1037	- PP
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Bedford, Texas 76095	
2. The Florida document number of this limited li	iability company is: M220000	13624
Jurisdiction of its organization: Illinois		
4. Date authorized to do business in Florida: 8/3	1/2022	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company:	Amynta P&C LLC	
(mu:	st contain "Limited Liability C	ompany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	anaging members adopting the	
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our recor	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	egistered Agent: ent and agree to act in this cape of and complete performance of stered agent as provided for in e in the registered office addres	my duites, and I am familiar with Chapter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

3. If the amend	ment changes person, title or capa	city in accordance with 605.0902 (1)(e), indicate that	t change:
Fitle/ Capacity	<u>Name</u>	Address	Type of Action
Member	Jessaman R. Pryor	1140 Ave of the Americas, 5th Floor	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		New York, NY 10036	BRemov
Member	Jeffrey D. Cowhey	1140 Ave of the Americas, 5th Floor	□∧dd
		New York, NY 10036	■Remov
Member	Mark J. Jones	1140 Ave of the Americas, 5th Floor	□Add
		New York, NY 10036	≅Remov
Secretar _e	Erika Shalette	909 Third Avenue, 33rd Floor	≅Add
		New York, NY 10022	□Remov
Treasure	Erin Mulloy	909 Third Avenue. 33rd Floor	🖹 Add
aforemention	under the law of which this entity MOLAN	cated by the official having custody of records in the	□Remov

Filing Fee: \$25.00

Form LLC-5.25

Secretary of State Department of Business Services Limited Liability Division

Illinois Limited Liability Company Act **Articles of Amendment**

FILE #: 1002332-7

Aug 22, 2023

FILED

1 S. Second St., Rm. 351 ringfield, IL 62756 7-524-8008 vw.ilsos.gov	Approved By: MJM		Alexi Giannoulias Secretary of State
Limited Liability Compa	ny Name:		
BRIT INSURANCE SE	RVICES USA, LLC		
These Articles of Amer	dment are effective on the file	a date.	
The Articles of Organiz	ation are amended to change	the name of the limited liabili	ty company as follows:
New Name:			
AMYNTA P&C LLC			
This amendment was a	pproved in accordance with	Section 5-25 of the Illinois Lin	nited Liability Company Act.
	of perjury, having authority to elief, true, correct and comple		es of Amendment are to the be
	Dated	Aug 22	. 2023
		Month/Day	Year
	·	MELANIE OLIVI	ER
		Name	
		ASSISTANT SECRE	TARY
		DDIT MENDANCE HEA H	OI DINCE INC
	- H the e	BRIT INSURANCE USA HO	



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 1 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR AMYNTA P&C LLC.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of AUGUST A.D. 2023.

Alexi Gia

Authentication #: 2324102795 verifiable until 08/29/2024.

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

AMYNTA P&C LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 11, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of AUGUST A.D. 2023.

Authentication #: 2323602458 verifiable until 08/24/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE