P07000095354

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(Address)
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. (Document Number)
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O7 NOV 26 PH 1: 3: SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend Go



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2007

James C. Cook Keystone Insurance Holdings, Inc. 5881 Glenridge Dr., Ste. 180 Atlanta, GA 30328

SUBJECT: KEYSTONE INSURANCE HOLDINGS, INC.

Ref. Number: P07000095354

We have received your document for KEYSTONE INSURANCE HOLDINGS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Letter Number: 807A00066345

Susan Payne Senior Section Administrator

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	_ Key.	5 tom	Insura	nce thelding	
DOCUMENT NUMBER:					
The enclosed Articles of Amend	<i>lment</i> and fee ar	e submitted	for filing.		
Please return all correspondence	concerning this	matter to th	e following:		
	Ji w C (Name o	f Contact Pers	on)	·	
• •	•		ie Hold	·	
5851	Glenvid	(Address)	> Suit	4 1800	
Atlan	(City/ St	3 o 3	ス B	,	
For further information concern			ŕ		
(Name of Contact Per	rson)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the follo	owing amount:	,			
	Filing Fee & ate of Status	Certi (Add	5 Filing Fee & fied Copy itlonal copy is losed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

OZ NOW
OZ NOV 26 PH 1: 38
SECRETARY OF STATE ALLAHASSEE, FLORIDA

	of			TALLAHASSEE,		
-	Kengs	rone I	w2~rance	thotalings	Inc.	TAMASSEE,
	N) C	sune of corpora	tion as currently i	Holdings iled with the Florida D	ept. of State)	Marie Ma
		(Doc	ument number of	corporation (if known)	·	
	•		•	rida Statutes, this F f Incorporation:	lorida Profit	Corporation
•		• • • • • • • • • • • • • • • • • • • •		i incorporation.		
EW COR	<u> PORATE I</u>	IAME (if ch	anging):			
profession	al comoration	must contain the	e word "chartered	l", "professional associ	non Corp., n	oreviation "P.A.")
-				-		
				NAME CHANGE leted: (BE SPECIF)		icle Number(s)
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······································			(Attach additions	pages if necessary)		
fan amen	dment provid	les for eycha	nge reclassifi	cation, or cancellati	on of issued s	hares provisions
				in the amendment i		
····						

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Prisi dunt
(Title of person signing)

FILING FEE: \$35

(4.4)784-4142