P96000090081

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Danis and Nissahara)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

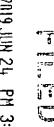
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Atlantic Specialty	Lines of Florida, Incorpora	ntcd				
DOCUMENT NUMB	P96000090081		· · · · · · · · · · · · · · · · · · ·				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
	Lynn Hayes, Paralegal						
	Name of Contact Person						
	LeClairRyan PLLC						
,	Firm/ Company						
	919 East Main Street, 23rd Floor						
•		Address					
	Richmond, VA 23219						
		City/ State and Zip Cod	c				
[Cont	inue to use whatever info is c	urrently in your database]	/				
	E-mail address: (to be us	sed for future annual report					
For further information	concerning this matter, pleas	se call:					
Lynn Hayes		at (804	783-7561				
Name o	f Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Cliftor	Address Iment Section on of Corporations a Building executive Center Circle				

Taliahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Atlantle Specialty Lines of Florida, Incorporated (Name of Corporation as currently filed with the Florida Dept. of State) P96000090081 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: BBMK-Florida, Inc. _77ie new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new malling address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered of fice address: Name of New Registered Agent (Florida street address) New Registered Office Address: . Florida_ (City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P President; V Vice President; T Treasurer; S Secretary; D Director, TR Trustee; C Chairman or Clerk; CEO Chief Executive Officer; CFO Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is Ilsted as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

X Change	PT	John Doc			
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name			Address
1) Change			 -		
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change				_	
Add				_	
Remove					
S) Change					
Add					
Remove					
5) Change					·
_		<u> </u>			
Add					
Remove					

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rovisions I	ment provides for an excl for implementing the ame applicable, indicate NA)	nange, reclassific nament if not co	ntion, or cancella	tion of issued shi endment itself;	nres,
	ppinoute, manual (177)				_
					
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_		
Effective date if applicable:		
	(no more than 90 days ofter amendment file date)	
Note: If the date inserted in this i document's effective date on the De	block does not meet the applicable statutory filing requirements, this date partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pied by the shareholders. The number of votes east for the amendment(sifficient for approval,)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	21
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	9	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	r
The amendment(s) was/were add action was not required.	pted by the incorporators without shereholder action and shareholder	
Dated	6/13/2019	
Signature	mt 2.	
selected	rector, president or safer officer — if directors or officers have not been I, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Martin Kanipe, Jr.	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	, <u></u>



June 19, 2019

Florida Department of State Division of Corporations P.O. Box 5327 Tallahassee, FL 32314 Attn: Amendment Section

Re: Articles of Amendment - Name Change

Atlantic Specialty Lines of Florida, Incorporated (the "Company")

(ID # P96000090081)

Dear Sir or Madam:

Enclosed please find a Cover Letter and Articles of Amendment to the Articles of Incorporation of the Company for filing in your office.

Our firm's check in the amount of \$35.00 is enclosed for the filing fees.

Please return the recorded receipt acknowledgment to me in the self-addressed stamped envelope.

If you have any questions, please call me at (804) 783-7561 or you may email me at <u>lynn.haves@lectairryan.com</u>.

Sincerely,

P. Lynn Hayes

P. Lynn Hayes Paralegal

Enclosures

Email:Lynn, Hayes@lectairryan.com Direct Phone: 804.783.7561 Direct Fax: 804.783.2294