

Department of State

I certify the attached is a true and correct copy of Articles of Organization, as amended to date, of USA SPECIALTY INSURANCE, LLC, a limited liability company, organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this company is L06000088970.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of September, 2020

Laurel M. Lee

Secretary of State

CR2E022 (01-11)

Electronic Articles of Organization For Florida Limited Liability Company

L06000088970 FILED 8:00 AM September 11, 2006 Sec. Of State alunt

Article I

The name of the Limited Liability Company is: ATLANTIC SOUTHERN INSURANCE GROUP, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 3400 S.W. THIRD AVENUE MIAMI, FL. US 33145

The mailing address of the Limited Liability Company is:

12826 S.W. 134 STREET MIAMI, FL. US 33186

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Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

CARL A SPATZ 3400 S.W. THIRD AVENUE MIAMI, FL. 33145

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CARL A. SPATZ

Article V

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The name and address of managing members/managers are:

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Title: MGRM EDWARD C SOTERO 12826 S.W. 134 STREET MIAMI, FL. 33186 FL

Signature of member or an authorized representative of a member Signature: CARL A. SPATZ

•		Insurance	305-443-0508	p.4
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Florida document number <u>4060</u>	Contracting Con	ipany were filed on	and	assigned
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his amendment is submitted to amen	nd the following:		1	
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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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		Signature of a member or authorized representative of a member ECUIDS OF GO			
	-	Typed or printed name of signee	· ·		
		Page 2 of 2			

Filing Fee: \$25.00

305-443-0508

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	ame of the limited liability company:	SURAN	ICI	E, LLC	
2. (a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5246 SW 8TH ST 102-A			5246 SV	V 8TH ST 102-A
	CORAL GABLES FL 33134			CORAL	GABLES FL 33134
	09/11/2006		t	_060000	88970
3. 5. (a)	Date of filing/registration in Florida JOHN JAIME MEDINA	4.	-		Document number
J. (d)	Registered Agent and Registered Office shown on the record	s of the Flor	ida	Dept. of Stat	- c:
	Registered Office Address (MUST BE FLORIDA STRE 5246 SW 8 Street	<u>ET ADDRE</u>	<u>:55</u>)	-	- - - - - - - - - - - - - - - - - - -
	Coral Gables	, FL 3313	4		7 JUL 17 CRI IAR
(b)	ERIKA JULIETH MEDINA				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office	add	<u>ress</u> :	
	NEW Registered Office Address:				- >>
	5246 SW 8TH ST 102-A				_
	CORAL GABLES	. FL. <mark>3313</mark>	4		_
agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite cre authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the re d liability ers of the l the limite	gis coi imi d li	tered offic mpany, it i ted liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
Signa	thre of a member or authorized representative of a member				Printed or typed name of signee
the ob.	by accept the appointment as registered agent and ions of all statutes relative to the proper and compli- ligations of my position as registered agent as prov ely reflect a change in the registered office address d in writing of this change.	agree to c lete perfor vided for in s. I hereby	nct ma n C v co	in this cap ince of my hapter 602 nfirm that	units I fourther among the second state of the

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Xfinity Insurance LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed <u>September 11, 2006</u> and assigned on Florida document number 1.06000088970

This amendment is submitted to amend the following: Name

A. If amending name, enter the new name of the limited liability company here:

USA Specialty Insurance, LLC

The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or the abbreviation "61C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N T
	12: 12:
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	·····

B. If amending the registered agent and/or registered office 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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E. Effective date, if other than the date of filing: 02/09/2018 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	January	24	2018.			
			Pol	22		
		Signature of	a member or mithorized	representative of a mo	ember	
			Erika Med	ina		
			Typed or printed nat	me of signee		

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