

LOS000042050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

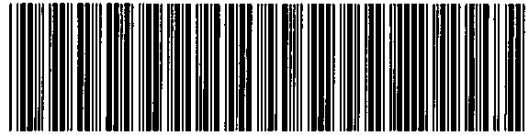
(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Professional Claims Representatives, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert A. Buck
(Name of Person)

Professional Claims Representatives, LLC
(Firm/Company)

1719 Oakley Ave
(Address)

Fort Myers, Florida 33901
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A. Buck at (**239**) **850-2307**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Professional Claims Representatives, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on April 28th, 2005 and assigned document number L05000042050.

SECOND: This amendment is submitted to amend the following:

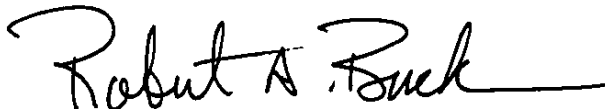
Please add the following as an additional Owner/Manager

Paul Reid

PO Box 365

Indian Rocks Beach, Florida 33785

Dated December, 7th, 2007.



Signature of a member or authorized representative of a member

Robert A. Buck

Typed or printed name of signee

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