

L0600072859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

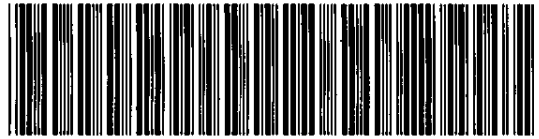
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2006

DEANNA L. COHEN  
9100 S. DADELAND BLVD. SUITE 150  
MIAMI, FL 33156

SUBJECT: ALLEGIANT CLAIMS ADJUSTERS, LLC  
Ref. Number: L06000072859

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TALLAHASSEE, FLORIDA

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We have received your document for ALLEGIANT CLAIMS ADJUSTERS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Please return 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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 606A00065699

**Allegiant Claims Adjusters, LLC**



December 6, 2006

Agnes Lunt  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Document # L06000072859/  
Allegiant Claims Adjusters, LLC

Dear Ms. Lunt,

Please find enclosed check number 1012 in the amount of \$25.00. This check is for the filing fee for the amendment of our Articles of Organization. If there are any questions regarding this amendment please give me a call at (305) 606-4517. Our mailing address is 9100 S. Dadeland Blvd, Suite 1500, Miami, Fl. 33156. Thank you.

Sincerely,

Deanna L. Cohen  
Manager  
Allegiant Claims Adjusters, LLC

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TALLAHASSEE, FLORIDA  
**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Allegiant Claims Adjusters, 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:

Deanna L Cohen  
(Name of Person)

Allegiant Claims Adjusters, LLC.  
(Firm/Company)

9100 S Dadeland Blvd., Suite 1500  
(Address)

Miami, Fl. 33156  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

Deanna Cohen at ( 786 ) 497-7044  
(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**

Allegiant Claims Adjusters, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on July 24, 2006 and assigned document number L06000072859.

**SECOND:** This amendment is submitted to amend the following:

Manager/ Member Aracelis Persaud is no longer a partner in our company. Therefore, we are requesting to remove her name  
from the articles of organization. The current managers/members should be: Luis A Perez , MGR and Deanna L Cohen, MGR.

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2006 DEC 18 A 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated November 1, 2006.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Deanna L Cohen, MGR  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**