

L140000064703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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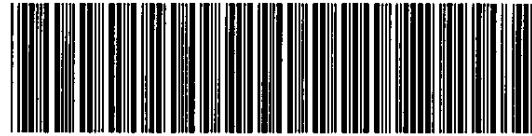
(Business Entity Name)

(Document Number)

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14 MAY -5 PM 3:07  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

MAY 12 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOST CLAIM SOLUTIONS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL MENDIOLA  
Name of Person

Firm/Company

2300 W. RYTH ST  
Address

HIACESH, FL. 33016  
City/State and Zip Code

M.MENDIOLA03@EMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL MENDIOLA at (305) 744 1136  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: LOST CLAIM SOLUTIONS LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000064703

**THIRD:** Document to be corrected is:

ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: LOST CLAIM SOLUTIONS LLC IS THE INCORRECT NAME

LOSS CLAIMS SOLUTIONS LLC IS  
WHAT I WANT THE LLC NAME TO BE

I APPLIED INCORRECTLY

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14 MAY -5 PM 3:07  
TALLAHASSEE, FLORIDA  
STATE  
SECRETARY

**FILED**

**OR**

The electronic transmission of the record was defective.

  
Signature of Authorized Representative

5/11/14  
Date

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**