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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2010

STEVEN L WINALIS, SR ACTION CLAIM SERVICES, INC 1242 SW PINE ISLAND RD STE 42-203 CAPE CORAL, FL 33991

SUBJECT: ACTION CLAIM SERVICES INC

Ref. Number: P10000049006

We have received your document for ACTION CLAIM SERVICES INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #L05000123608 - THE A TEAM, LLC.

Please return your document, along with 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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 010A00027909

RECEIVED

COVER LETTER

TO: Amendment Section **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Action Claim Services, Inc					_		
DOCUMENT NUMBER:	P10000049006						
The enclosed Articles of Amenda	nent and fee are s	ubmitte	ed for fi	ling.			
Please return all correspondence of	concerning this ma	atter to	the foll	owing:			
			inalis. act Perso	Sr	<u>-</u> ,	*****	
	Action C	laim S rm/ Con		s, Inc			
	1242 SW Pine	<u>lsland</u> Addre		uite 42-20	3		
	Cape C	Coral, State and	FL 339 Zip Cod	91 e	- <u>-</u>		
E-mail add	groundroute dress: (to be used for	e@gm future a	ail.com) ort notificat	ion)	,	
For further information concerning	g this matter, plea	se call					
Steven Winalis Name of Contact Person		_ at (239 Area Co) de & Daytin	940-3 ne Telepho		_
Enclosed is a check for the follow	ing amount made	payab	e to the	Florida D	epartmei	nt of State:	
\$35 Filing Fee \$43.75 Filing Certificate		Cen	75 Filing ified Cop litional c		sed)	\$52.50 Filing Certificate of Certified Cop (Additional C	Status
Mailing Address Amendment Section Division of Corporations		Amen	Addre dment to on of C	_	ıs		

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

of.

FILED

Action	Claim Services Inc	C	LU
(Name of Corporation as o	urrently filed with the Fl	orida Dept. of State N 25	PM 4: 36
_	P10000049006	SECRETARY (TALLAHASSEE	OF STATE
	Number of Corporation (if	known)	FLORIDA
suant to the provisions of section 607 endment(s) to its Articles of Incorporation		is <i>Florida Profit Corporatio</i>	n adopts the follow
If amending name, enter the new nam	ne of the corporation:		
ACME (37) ne must be distinguishable and conte reviation "Corp.," "Inc.," or Co.," of the must contain the word "chartered,"	r the designation "Corp,"	"Inc," or "Co". A professi	The new porated" or the onal corporation
Enter new principal office address, if	applicable: N/A		
ncipal office address <u>MUST BE A ST</u>	<u>(EET ADDRESS</u>)		
			
Enter new mailing address, if applica	oblo.		
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX) N/A		
			
f amending the registered agent and	or registered office addre	ess in Florida, enter the nan	<u>ne of the</u>
new registered agent and/or the new	registered office address:		
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:	(Florida str	eet address)	
The Transfer of the Transfer Con.	(1 101 144 511 4	ser una com	
		, Florida	
	(City)	(Zip Code)	
	(City)	(Zip Code)	
78 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
v Registered Agent's Signature, if cha			
re by accept the appointment as register	ed age nt . I am familiar wi	ith and accept the obligations	of the position.
		· · · · · · · · · · · · · · · · · · ·	
	Signature of New Regist	tered Agent if changing	
	Something of their tregion	www.aagum, g umangmg	

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) **Type of Action** <u>Title</u> Name Address ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) 4

The date of each amendmen	t(s) adoption: December 1, 2010
* * * * * * * * * * * * * * * * * * *	(date of adoption is required)
Effective date <u>if applicable</u> :	<u>December 1, 2010 </u>
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	"
<u> </u>	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
sel	8.2010 y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Steven L Winalis, Sr
	(Typed or printed name of person signing)
	President (Title of person signing)
	(time or berson signing)