P07000017353

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE COMPOSATIONS

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Amend (CC)

COVER LETTER

TO: Amendment Section Division of Corporations

. NAME OF CORPORATION DOCUMENT NUMBER	RATION: Allflorida C BER: P070000773	Claims Service 553	es, Inc.
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	Maria T. Garcel	H	
		Name of Contact Person	······································
	AllFlorida Claim	n Services, Ind	
		Firm/ Company	
	10655 sw 190th	n St. #2211	
		Address	
	Miami, FL 3315	57	
		City/ State and Zip Code	
For further information	E-mail address: (to be use on concerning this matter, please	ed for future annual report	notification)
Maria T. G	arcell	_{at (} 305	2343337 de & Daytime Telephone Number
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	illing Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AllFlorida Claims Services, I	Inc	
(Name of Corporation as currently file P07000077353	ed with the Florida Dept. of State)	-
(Document Number of C	Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the cor	rporation:	
	d "corporation," "company," or "incorporated" or the a " "Inc," or "Co". A professional corporation name must	
B. Enter new principal office address, if applicable:	NI/Δ	<u> =</u> =
(Principal office address MUST BE A STREET ADD		VISIO JISIO
		- 68 ×67
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A	CORPORATION
		_ ଅ କ୍ରମି -
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:	
Name of New Registered Agent Same		
	(Florida street address)	
New Registered Office Address:	, Florida(City) (Zip Code)	-
	istered Agent: I am familiar with and accept the obligations of the position. Two Registered Agent, if changing	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>V</u>	Lisette Martinez Velazquez	10655 SW 190th St.
XAdd			#2211
Remove			Miami, FL 33157
2) X Change	Р	Maria T. Garcell	10655 SW 190th St.
Add			#2211
Remove			Miami, FL 33157
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
6) Change			
			
Remove			

Auach auditional sheets, ij necessal	Articles, enter changry). (Be specific)			
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If an amendment provides for an	exchange, reclassifi	cation, or cancellati	on of issued shares,	
provisions for implementing the	amendment if not c	ontained in the ame	ndment itself:	
he a statement of unibiding tite	'A)			
(if not applicable, indicate N/				
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ne date of each amendment(s) adoption: 01/29/2013
fective date if applicable: 01/29/2013
(no more than 90 days after amendment file date)
loption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 01 291 13
Signature / / //
director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed/fiduciary by that fiduciary)
Maria T. barcell
(Typed or printed name of person signing)
Resident.
(Title of person signing)