

**L04000062320**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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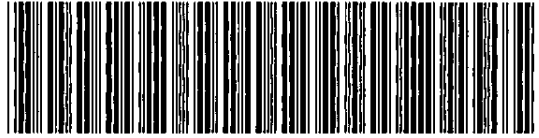
(Business Entity Name)

(Document Number)

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2008 OCT 20 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

OCT 21 2008

**EXAMINER**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MANGEL WHITLEY & GUTIERREZ CONSTRUCTION, 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:

Monica M.K. Sweeney  
(Name of Person)

Best Plumbing & Remodeling, Inc.  
(Firm/Company)

P.O. Box 621231  
(Address)

Oviedo, FL 32762  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Mangel at ( 407 ) 896-3136  
(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

FILED

2008 OCT 20 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MANGEL WHITLEY & GUTIERREZ CONSTRUCTION, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08-23-2004 and assigned  
Florida document number L04000062320.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

INSURANCE CLAIM RECONSTRUCTION CONTRACTORS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

431 Aulin Avenue, Suite C

**(Principal office address MUST BE A STREET ADDRESS)**

Oviedo, FL

32765

**Enter new mailing address, if applicable:**

P.O. Box 621231

**(Mailing address MAY BE A POST OFFICE BOX)**

Oviedo, FL

32762

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Monica M.K. Sweeney

New Registered Office Address:

431 Aulin Avenue, Suite C

*(Enter Florida street address)*

Oviedo

*(City)*

Florida 32765

*(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Monica Kyle Sweeney  
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Shayne S. Mangel	345 Sweetwater Springs Street DeBary, FL 32713	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John A. Mangel	345 Sweetwater Springs Street DeBary, FL 32713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Russell E. Sweeney	225 W. 7th Street Chuluota, FL 32766	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Craig T. Sweeney	3113 Dwarf Pine Avenue Winter Park, FL 32792	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

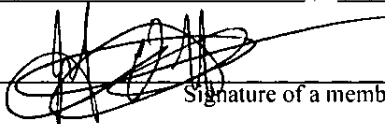
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Phone number: \_\_\_\_\_

E-mail address: icrc1llc@aol.com

Fax: (407) 365-9011

Dated OCTOBER 16, 2008



Signature of a member or authorized representative of a member

JOHN A. MANGEL

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 OCT 20 PM 2:09

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