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(Re	equestor's Name)	
(Ad	ldress)	····
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

Division of Corporations	
SUBJECT: G&S LIQUIDATORS 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:	
GUADA LUPE J. GIARRIA (Name of Person)	
GES LIQUIDATURS (Firm/Company)	
6278 N. FEDERAL HWY #278 (Address)	
FT. Lauder Daler Florein 33308 (City/State and Zip Code) For further information concerning this matter, please call: Guada Lupe T. Garcia at (954) 234-41504 5	A I
For further information concerning this matter, please call:	Elements in the second
GUADA LUPET. GARCIA at (954) 234-4150E of (Area Code & Daytime Telephone Number)	.725
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$ \$55.00 Filing Fee & \$60.00 Filing Fee,	
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

	GiÉS Liquidators	
	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on $\frac{1-28-2005}{40000000000000000000000000000000000$	
SECOND:	This amendment is submitted to amend the following:	
	PLEASE CHANGE NAME & ADDRESS TO	
	ACCURATE CLAIMS SERVICES LLC	
	FT. LAUDERDALE FLORIDA 33308 E	
•		
	TT. LAUDERDALE FLORIDA 33308	E R
		A Page
Dated	JUNE 5TH, 2007.	
	Quodalyse T. Parai	
	Signature of a member or authorized representative of a member	
	GUADALUPE T. GARCIA Typed or printed name of signee	

Filing Fee: \$25.00