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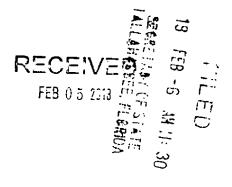
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COVER LETTER

	Registration Se Division of Cor			
SUDIE/		estment Resources LLC		
SUBJEC	-I:	Name of Lim	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Erick Gause		
			Name of Person	
		Florida Investment Resoru	ices LLC	
			Firm/Company	
		27602 Breakers Drive		
			Address	
		Wesley Chapel Florida 333	544	
			City/State and Zip Code	
		Tysiera@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please co	all:	
Erick Ga	use		813 277-6394	
	Name o	f Person	at () Area Code	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

Florida Investment Resources LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our ited Liability Company)	records.)
he Articles of Organization for this Limited Liability Comp	pany were filed on 09/09/2005	and assigned
orida document number L05000088765		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
merican Loss Control LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	s SAME	
<u> Principal office address MUST BE A STREET ADDRES.</u>	2) ////	- (n
		2
nter new mailing address, if applicable:	SANL	
Aailing address MAY BE A POST OFFICE BOX)	_/	o m
		S ≃ ω
. If amending the registered agent and/or registere		cords, enter the name of the
gistered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
Name of New Registered Agent.		-
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	NA		☐ Remove
			☐ Change
			D ∧dd
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fective date, if other than the date of filing:	(optional)	
in effective date is listed, the date must be specific and cannot be prior to date of fill ote: If the date inserted in this block does not meet the applicable statuto	ing or more than 90 days after filing.) Pursuant to 6	505,0: isted
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the ear	rlier
January 25th 2017		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee