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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

	stration Section Ion of Corporations	
SUBJECT: _	AMERICAN LOSS CONTROL LLC	
SUBJECI: _	Name of Li	mited Liability Company
The enclosed A	Articles of Amendment and fee(s) are su	ubmitted for filing.
Please return a	all correspondence concerning this matter	er to the following:
	Erick Gause	
		Name of Person
	Amercian Loss Control	LLC
		Firm/Company
	27602 Breakers Drive	
		Address
	Wesley Chapel Florida	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: ck Gause Name of Person nercian Loss Control LLC Firm/Company 602 Breakers Drive Address csley Chapel Florida 33544 City/State and Zip Code iera@gmail.com E-mail address: (to be used for future annual report notification) ing this matter, please call: at (31) 277-6394 Area Code Daytime Telephone Number wing amount: 30.00 Filing Fee & S\$5.00 Filing Fee & Certificate of State Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	Tysiera@gmail.com	City/State and Zip Code
For further inf	E-mail address ormation concerning this matter, please	
Erick Gause		813 277-6394
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
≘ \$25.00 Fil	Sing Fee Solution Status	Certified Copy Certificate of Status &
Regi Divi P.O.	ing Address: Istration Section Istration of Corporations Istration Section Istration Section Istration Section Istration Section Istration Section Sec	Registration Section Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

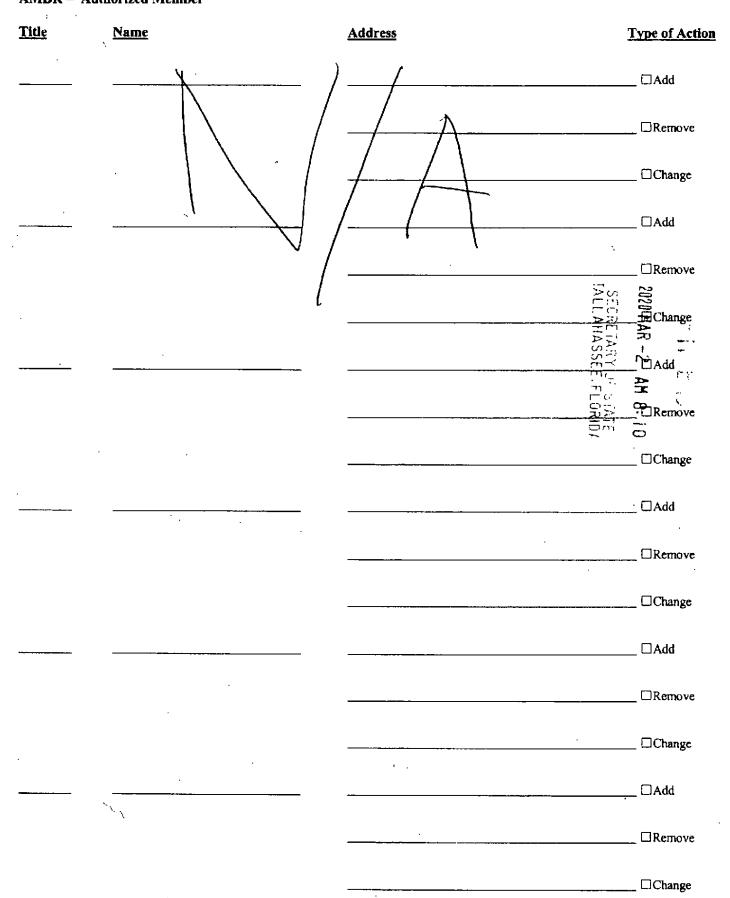
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Company	were filed on09/09/2005	and assigned			
lorida document number L05000088765	,				
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liab	oility company here:				
FLORIDA INVESTMENT RESOURCES LLC					
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	SAME				
Principal office address MUST BE A STREET ADDRESS)		020 NEC			
		RET AR			
		-2 SSE			
Enter new malling address, if applicable:	SAME	me A			
Mailing address MAY BE A POST OFFICE BOX)	-	်င္သမို ်င္က			
		<u> </u>			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:					
	Enter Florida street address				
		_, Florida			
	City	7 in 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member



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ffective date, if other than the dan effective date is listed, the date must be to be an effective date inserted in this blococument's effective date on the Dep	e specific and car k does not mee	nnot be prior to t the applica		or more than 9		ling.) Pur		
record specifies a delayed effective I is filed.	date, but not an	effective tir	ne, at 12:01	a.m. on the ca	rlier of: (b)	The 90	th day af	ter the
February 19th		2020						
	✓		_					

Typed or printed name of signee