

206000026595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

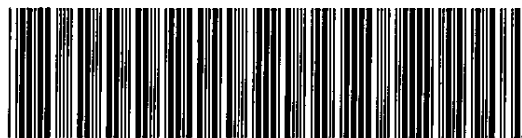
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only



300076575773

07/05/06--01027--010 **30.00

FILED

2006 JUL -5 P 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORKERS' COMP SOLUTIONS 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:

KIM HARRIS
(Name of Person)
WORKERS' COMP SOLUTIONS
(Firm/Company)
PO Box 25897
(Address)
SEASIDE, FL 34277
(City/State and Zip Code)

For further information concerning this matter, please call:

KIM HARRIS at (941) 587-6800
(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

FILED
2006 JUL -5 P 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WORKERS' COMP SOLUTIONS, LLC

(Present Name)
(A Florida Limited Liability Company)

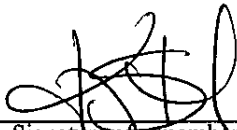
FIRST: The Articles of Organization were filed on 3/13/2006 and assigned
document number LO6000026595.

SECOND: This amendment is submitted to amend the following:

ADD KIM HARRIS AS A MANAGER/MEMBER

FILED
2006 JUL -5 P 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 6/29/06



Signature of a member or authorized representative of a member

Kim Harris

Typed or printed name of signee

Filing Fee: \$25.00