

206000049597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

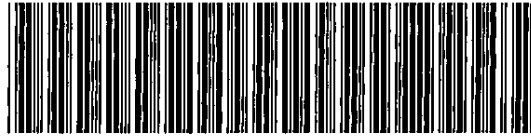
Certificates of Status _____

Special Instructions to Filing Officer:

LSM

Amend

Office Use Only



700079274977

09/11/06--01032--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 SEP 11 PM 2:37

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Claims Service, 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:

Craig Steven Elken

(Name of Person)

Summit Claims Service, LLC

(Firm/Company)

218A Eau Gallie Blvd., #67

(Address)

Indian Harbour Beach, FL, 32937

(City/State and Zip Code)

For further information concerning this matter, please call:

Craig Steven Elken

(Name of Person)

at (321) 427-4241

(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**

Summit Claims Service, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on May 12, 2006 and assigned document number L06000049597.

SECOND: This amendment is submitted to amend the following:

Update online information to reflect election of Managers/Members as
follows:

Craig Steven Elken

180 Coral Way East

Indialantic, FL 32903

Scott M. Jones

1629 Bain Drive

Erie, CO 80516

06 SEP 11 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated August, 25, 2006.



Signature of a member or authorized representative of a member

Craig S. Elken - Registered Agent

Typed or printed name of signee

Filing Fee: \$25.00