

L06000049597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

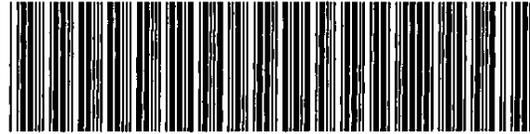
Certified Copies _____ Certificates of Status _____

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 at (321) 427-4241
(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

**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