

L0600072859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

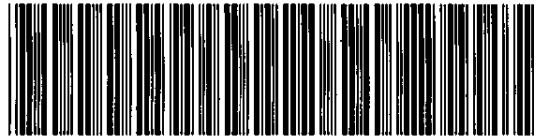
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2006

DEANNA L. COHEN
9100 S. DADELAND BLVD. SUITE 150
MIAMI, FL 33156

SUBJECT: ALLEGIANT CLAIMS ADJUSTERS, LLC
Ref. Number: L06000072859

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TALLAHASSEE, FLORIDA

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We have received your document for ALLEGIANT CLAIMS ADJUSTERS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 606A00065699

Allegiant Claims Adjusters, LLC



December 6, 2006

Agnes Lunt
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Document # L06000072859/
Allegiant Claims Adjusters, LLC

Dear Ms. Lunt,

Please find enclosed check number 1012 in the amount of \$25.00. This check is for the filing fee for the amendment of our Articles of Organization. If there are any questions regarding this amendment please give me a call at (305) 606-4517. Our mailing address is 9100 S. Dadeland Blvd, Suite 1500, Miami, Fl. 33156. Thank you.

Sincerely,

Deanna L. Cohen
Manager
Allegiant Claims Adjusters, LLC

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allegiant Claims Adjusters, 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:

Deanna L Cohen
(Name of Person)

Allegiant Claims Adjusters, LLC.
(Firm/Company)

9100 S Dadeland Blvd., Suite 1500
(Address)

Miami, Fl. 33156
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Deanna Cohen at (786) 497-7044
(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**

Allegiant Claims Adjusters, LLC

(Present Name)
(A Florida Limited Liability Company)

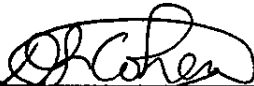
FIRST: The Articles of Organization were filed on July 24, 2006 and assigned document number L06000072859.

SECOND: This amendment is submitted to amend the following:

Manager/ Member Aracelis Persaud is no longer a partner in our company. Therefore, we are requesting to remove her name
from the articles of organization. The current managers/members should be: Luis A Perez , MGR and Deanna L Cohen, MGR.

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TALLAHASSEE, FLORIDA

Dated November 1, 2006.



Signature of a member or authorized representative of a member

Deanna L Cohen, MGR

Typed or printed name of signee

Filing Fee: \$25.00