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(Business Entity Name)

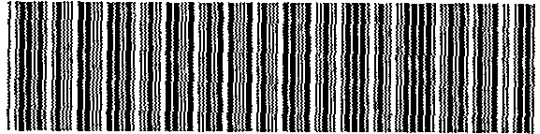
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insurance Restoration Solution, 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:

Greg Wade

(Name of Person)

Insurance Restoration Solution, LLC

(Firm/Company)

265 SW Port Saint Lucie Boulevard #321

(Address)

Port Saint Lucie, FL 34984

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Greg Wade

(Name of Person)

at (772) 834-5655

(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**

Insurance Restoration Solution, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 4/16/2007 ^{16 RW} and assigned document number L07000040486.

SECOND: This amendment is submitted to amend the following:

Respectfully request the removal of Mark Woffard from Insurance Restoration Solution, LLC
due to the misrepresentation and concealment of grand theft and impersonating
a general contractor which he was arrested for a week and a half ago on a
warrant in Hillsborough County, FL dating back to October 2006.

Dated May 15, 2007, _____



Signature of a member or authorized representative of a member

Greg Wade

Typed or printed name of signee

07 MAY 21 PM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Filing Fee: \$25.00