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| (Re | equestor's Name |) | | |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

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|---|--|--|--|--|
| 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 St. Lucie Blvd. #321 | | | | |
| (Address) | | | | |
| Port St. Lucie, FL 34984 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Greg Wade at (772) 293-9185 | | | | |
| | Greg Wade at (772) 293-9185 (Area Code & Daytime Telephone Number) | | | |
| | | | | |
| Enclosed is a check for the following amount: | | | | |
| ▼ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 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) The Articles of Organization were filed on document number $\underline{L07000040480}$ _____. FIRST: and assigned **SECOND:** This amendment is submitted to amend the following: Removal of Juan Arboleda from the co MONIN Add the names as managing members: Karen Samuels 265 SW Port St. Lucie Blvd. #321 Port St. Lucie, FL 34984 Jack Dwyer 265 SW Port St. Lucie Blvd. #321 Port St. Lucie, FL 34984 2007 Dated July 17 of a member or authorized representative of a member **Greg Wade** Typed or printed name of signee

Filing Fee: \$25.00