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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of (Section Corporations		4 ;		
SUBJECT: Insur	ance Restoration S	olutions, LLC			
	(Name of Li	mited Liability Company)			
The enclosed Articles	of Amendment and fee(s) are s	abunitted for filing.			
Please return all corre	spondence concerning this matt	er to the following:			
	Greg Wade				
		(Name of Person)			
	Insurance Restor	ation Solutions, LLC			
	265 SW Port St. L	(Pinn/Compuny) Lucie Blvd. #321		n 0	
		(Address)	E c A	07 0CT	H
	Port St. Lucie, FL	34984	HAS		(Section)
		(City/State and Zip Code)	SEE	PM	
For further information	n concerning this matter, please	call:	TALLAHASSEE, FLORID	1.0:1	
Greg Wade		_{at} 772, 607-1194	A	^၂ ယ	
(Nan	ne of Person)		ne Telephone Number)		
Buckesed is a check for t	he following amount:				
2 \$25.00 Filing Fee	Certificate of Status	\$55.00 Filing Pec & Certified Copy (additional copy is enclosed)	2560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl	issed)	•

MALLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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 Solutions, LLC

	(A Florida Limited Liability Company) The Articles of Organization were filed on April 16, 2007 and assigned document number 4700010180.					
FIRST:						
SECOND:	This amendment is submitted to amen	nd the following:				
	Remove: Karen Samuels and Jack Dwyer as managing members, they are no longer part of the company.					
•	Add: William Williger as a Manager at address 265 SW Port St. Lucie Blvd. #321, Port St. Lucie, FL 34984.					
	Add: Francis Pizzeri as a Manager at a	ddress 265 SW Port St. Lucie Blvd.	#321, Port St. Lucie, FL 34984.			
			SECH OR			
			HAS			
			EFY PR			
			FLORD L			
			73 73 73			

Dated Oct	ober 8	2007				
	Signature of a m	nember or authorized representative	of a member			
	Greg Wade	Typed or printed name of signee				

Filing Fee: \$25.00