

LO7000058503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

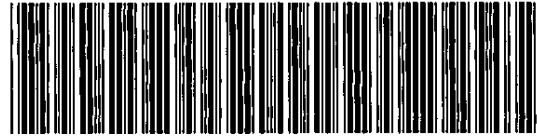
Special Instructions to Filing Officer:

LO7 A. LUNT

AUG 19 2008

EXAMINER

Office Use Only



100131759471

08/19/08--01002--003 **25.00

FILED
2008 AUG 18 P 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2008

L & M INSURANCE CLAIM CONSULTANTS,LLC
4918 SHERIDAN ST.
HOLLYWOOD, FL 33021

SUBJECT: L & M INSURANCE CLAIM CONSULTANTS,LLC
Ref. Number: L07000058503

2008 AUG 18 P 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for L & M INSURANCE CLAIM CONSULTANTS,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. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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
Regulatory Specialist II

Letter Number: 908A00043868

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L &M INSURANCE CLAIMS CONSULTANTS, 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:

CHRISTOPHER GIL

(Name of Person)

L &M INSURANCE CLAIMS CONSULTANTS, LLC.

(Firm/Company)

2801 NE 183rd ST. Suite 604

(Address)

Aventura, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Gil

(Name of Person)

at (305) 469-4646

(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

2000 AUG 18 P 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

L & M INSURANCE CLAIMS CONSULTANTS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July-07-2007 and assigned
Florida document number 26-0308631

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2801 NE 183rd ST Suite 604

(Enter Florida street address)

Aventura

(City)

Florida 33160

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Courtney Evans	4918 Sheridan St. Hollywood, FL 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Christopher Gil	2801 NE 183rd ST Suite 604 Aventura, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July-23-2008

Signature of a member or authorized representative of a member

LUCIANO GIL

Typed or printed name of signee

2008 AUG 18 P 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED