

LO700099536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
DEC 12 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2016 DEC -9 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 19, 2016

PAUL EDEWARD SCHAU
13105 SW 16 COURT #L-104
PEMBROKE PINES, FL 33027

SUBJECT: NO RISK CLAIM SERVICES LLC.
Ref. Number: L07000099536

We have received your document for NO RISK CLAIM SERVICES LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 1 MISSING.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with 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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 616A00022499

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NO RISK CLAIM SERVICES 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:

PAUL EDWARD SCHAU

Name of Person

NO RISK CLAIM SERVICES LLC

Firm/Company

13105 SW 16 COURT # L-104

Address

PEMBROKE PINES, FLORIDA 33027

City/State and Zip Code

windstormpaul@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL EDWARD SCHAU

305

302-2156

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

NO RISK CLAIM SERVICES, 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 October 01, 2007 and assigned
Florida document number L07000099536.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

13105 SW 16 Court # L-104

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33027

Enter new mailing address, if applicable:

13105 SW 16 Court # L-104

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33027

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:

Enter Florida street address

Florida

City

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SPENCER JAMES SCHAU	13105 SW 16TH COURT # L-104	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SORAYA LAUREANO	780 NE 69TH STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 44138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 11TH 2016


Signature of a member or authorized representative of a member

Typed or printed name of signee

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