

Division of Corporations

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L08000069624

Florida Department of State
Division of Corporations
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(((H11000210086 3)))



H110002100863ABCT

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PREFERRED SETTLEMENT SERVICES, LLC**

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C. LEWIS

AUG 24 2011

EXAMINER

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Fax Audit #(((H11000210086 3)))

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

2011 AUG 23 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**PREFERRED SETTLEMENT 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 JULY 18, 2008 and assigned
Florida document number L08000069624.

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)

1800 2ND STREETSUITE 884SARASOTA, FLORIDA 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1800 2ND STREETSUITE 884SARASOTA, FLORIDA 34236**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 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

Fax Audit #(((H11000210086 3)))

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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated AUGUST 23, 2011

Signature of a member or authorized representative of a member

ROBERT S. STROUD, ESQ.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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