

L09000064190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

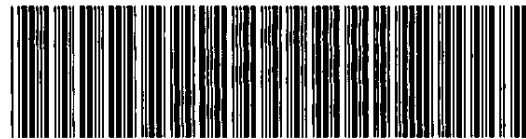
(Business Entity Name)

(Document Number)

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10 SEP 14 AM 11:48

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
SEP 15 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIA INSURANCE CLAIMS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ORLANDO FERNANDEZ JR

Name of Person

Firm/Company

2350 CORAL WAY STE 403

Address

MIAMI, FL. 33145

City/State and Zip Code

ORLYJR@BELLSOUTH.NET

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

For further information concerning this matter, please call:

ORLANDO FERNANDEZ JR

Name of Person

at (305)

8544599

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

PIA INSURANCE CLAIMS LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 14 AM 11:46

The Articles of Organization for this Limited Liability Company were filed on 6/29/2009 and assigned
Florida document number L09000064190.

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)

2350 CORAL WAY STE 403

MIAMI, FLORIDA 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2350 CORAL WAY STE. 403

MIAMI, FLORIDA 33145

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:

ORLANDO FERNANDEZ JR

New Registered Office Address:

2350 CORAL WAY STE 403

Enter Florida street address

MIAMI

City

, Florida

33145

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:

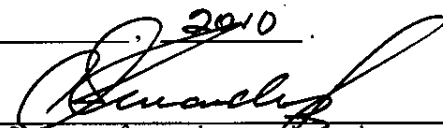
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ORLANDO FERNANDEZ JR	2350 CORAL WAY STE 403 MIAMI FL 33145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FLORA BRITO HEREU	1865 79 ST APT 16H MIAMI BEACH FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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

9/1



Signature of a member or authorized representative of a member

Orlando Fernandez Jr

Typed or printed name of signee

FILED
10 SEP 14 AM 11:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS