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ZOID JUNIO AN SP STATE SECRETARY OF STATE ORIDA

C. LEWIS
JUN 2 1 2010
EXAMINER

COVER LETTER

Registration Section

Divisio	n of Corporations			
	Reho	rn Green, LLC		
SUBJECT:		nited Liability Company		
	, Name of Em	med Elabinty Company		
†				
The enclosed A	ticles of Amendment and fee(s) are su	abmitted for filing.		
Please return all	correspondence concerning this matter	er to the following:		
- *	•			
	•		•	
•	·	Alberta P Bland		
•	•	Name of Person	·	
		,		
	H	PA Claim Solutions, LLC		
-	2	Firm/Company		
•		;		
	402	1 N Armenia Ave, Ste 201		
·		Address		
	·	Tampa, FL 33607	<u> </u>	
	•	City/State and Zip Code	T .	
	-	apbland@verizon.net	•	
	. E-mail address:	(to be used for future annual report notificati	on)	
For further info	mation concerning this matter, please	call:	'	
	manor, promo		` , •	
-	Alberta P Bland	at (813) 23	0-5200	
· ·	Name of Person	at (013) 23 Area Code & Daytime Te		
	Name of Forson	Alica Code & Dayumo Te	i	
•		•		
Englosed is a ob	eck for the following amount:		i *	
•		<u> </u>		
\$25.00 Filin	g Fee \$\square\$\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &	
•	Certificate of Status	(additional copy is enclosed)	Certified Copy	
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	MAILING ADDRESS:	STREET/COURIER	ADDRESS:	
•	Registration Section	Registration Section	_	
			ens :	
· . · · · · · · · · · · · · · · · · · ·		2661 Executive Center Circle		
	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporation Clifton Building	i	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 JUN 18 AM 18: 81

				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	Reborn Gı	reen, LLC		IASSEE, FLORIDA	
(Name of th	e Limited Liability Compa (A Florida Limited I	ny as It now appea iability Company)	rs on our records.		
			j i		
The Articles of Organization for this I	Limited Liability Company	were filed on	07/22/2009	and assigned	
	9000070211				
Piorida document number	•	•	:		
			:		
This amendment is submitted to amen	d the following:				
A. If amending name, enter the new	v name of the limited liab	oility company he	<u>re:</u> ,		
•	HPA Claim So	lutions, LLC			
The new name must be distinguishable a "L.L.C."	nd end with the words "Lim	ited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address	. if annlicable:	4021 N Arme	nia Avenue		
(Principal office address MUST BE A STREET ADDRESS)		Tampa, Flori		<u> </u>	
(RTAILEMAN OFFICE MANYESS 1/2 CD 2 DE 2	T DIRECT TIDDICESS	10.11.10.1			
•		-	<u> </u>		
ar .	•		, it		
Enter new mailing address, if applied	cable:	n/a			
(Mailing address MAY BE A POST	OFFICE BOX)				
		4 *	T.		
		· · · ·	•		
B. If amending the registered ag	·		our records, enter t	he name of the new	
registered agent and/or the new reg	<u>istered office address her</u>	<u>re</u> :			
Name of New Registered A	gent: Scott W Fit	zpatrick	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address: 811-B Cypress Village Boulevard					
Enter Florida street address					
•		Ruskin	: Florida	33573	
we have	••	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.

Page 1 of 2

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 Address **Type of Action Name** Title . ☐ Add Remove Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated Signature of a member or authorized representative of a member Alberta P Bland Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00