

LO9000077280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

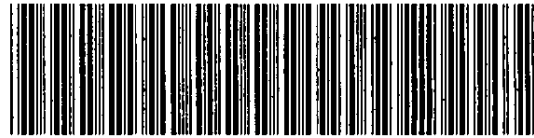
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700164000987

02/01/10--01041--007 **60.00

FILED

10 FEB -1 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB. 2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ascendant Claims 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:

Gloria M. Trasorras
Name of Person

Ascendant Claims Services, LLC.
Firm/Company

2300 W. 84th St.
Address

Hialeah, FL 33016
City/State and Zip Code

gtrasorras@acicompanies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria M. Trasorras at (305) 820-4360 x1519
Name of Person Area Code & Daytime Telephone Number

FILED
10 FEB - 1 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ascendant Claims 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 08.11.2009 and assigned
Florida document number LD9000077280.

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)

2300 W. 84th Street
Hialeah, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2300 W. 84th Street
Hialeah, FL 33016

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:

2300 W. 84th Street

Enter Florida street address

Hialeah

Florida

33016

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

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

Title	Name	Address	Type of Action
mgr	Pablo L. Cejas	420 Lincoln Rd. #330 Miami Beach, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	Pablo L. Cejas	2300 W. 84 th Street Hialeah, FL 33016	<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.)

amending address for member
2300 W. 84th Street
Hialeah, FL 33016

FILED
 10 FEB - 1 PM 12:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated January 28, 2010.

Signature of a member or authorized representative of a member

Pablo L. Cejas

Typed or printed name of signee