

L10000022176

(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

G. MCLEOD

FEB 23 2011

EXAMINER



500194735655

02/22/11--01015--020 \*\*30.00

FILED  
11 FEB 22 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INSURANCE AND CONSTRUCTION CONSULTING EXPERT  
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:

Bradley Vialpando, Esq.

Name of Person

Firm/Company

11121 Southwest 1st. Street

Address

Coral Springs, Florida 33071

City/State and Zip Code

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

For further information concerning this matter, please call:

Bradley Vialpando, Esq.

Name of Person

at ( 561 ) 629-3408

Area Code & Daytime Telephone Number

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**

**INSURANCE AND CONSTRUCTION CONSULTING EXPERTS, 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 02/26/2010 and assigned  
Florida document number L10000022176.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Crop Claim Advisors, LLC

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)**

230 Palermo Avenue

Coral Gables, Florida 33134

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

230 Palermo Avenue

Coral Gables, Florida 33134

**FILED**  
11 FEB 22 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

230 Palermo Avenue

*Enter Florida street address*

Coral Gables

, Florida

33134

*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

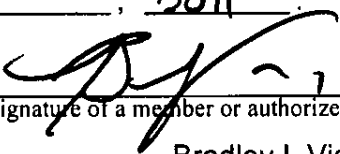
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Raul Rivero	811 Sunset Road Coral Gables, Florida 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Andrew P. Korge	300 Aragon Avenue Coral Gables, Florida 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Seth H. Rotman	1750 North Bayshore, Apt. 4909 Miami, Florida 33132	<input type="checkbox"/> Add <input checked="" 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 February 16, 2011

  
Signature of a member or authorized representative of a member

Bradley I. Vialpando

Typed or printed name of signee