## L10000065696

(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:

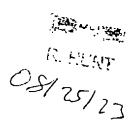




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2023 AUG 25 PH 12: LO



## **COVER LETTER**

	sion of Corp			•	
SUBJECT:	Net Claims				
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Gilbert L'Hommedieu			
			Name of Person		
			Firm/Company		
		Post Office Box 771503			
	Address				20
		Winter Garden, Florida 34	777-1503		23 AU
		gsI1962@gmail.com	City/State and Zip Code	·····	2023 AUG 25 PH 12: 40
		E-mail address: (	to be used for future annual report noti	fication)	72 E
For further in	formation co	oncerning this matter, please ca	all:		PH 12: 40
Gilbert L'Ho	mmedieu				O 55
-	Name of	Person	Area Code Daytim	e Telephone Number	-
Enclosed is a	check for the	e following amount:			
<b>■</b> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	atus &
	ling Address	<del></del> -	Street Address: Registration Se	ction	
Registration Section Division of Corporations		orporations	Division of Corporations		
P.O	Box 632	7	The Centre of T	Fallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NET CLAIMS NOW, LLC  (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record	<u>ds.</u> )	
(A Florida Limited I	Liability Company)	-	
The Articles of Organization for this Limited Liability Company Florida document number 1.10000065696	were filed on June 18, 2010	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	2" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		2023 AUG 25	
(Mailing address MAY BE A POST OFFICE BOX)		PM 2:	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre.	ss	
	Florida		
<del> </del>	City, F1	lorida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agra	ee to act in this canacity. I fo	irther agree to comply with th	

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	PATI L'HOMMEDIEU	884 South Dillard Street	□Add
		Winter Garden, FL 34787	■Remove
			Change
		_	□Add
		<del></del>	□Remove
			DIVISION OF A
			25 Compression of Com
		_	
			□Remove
			Change
	<del> · · · · · · · · · · · · · · · · · ·</del>		□Add
			Remove
			□Change
		<del></del>	□Remove
			Change

D. If amending any other information	on, enter change(s) here: (Attach additional sheets, if n	necessary.)
	<del></del>	
		01718H 2023 A
		AUG 25
		© "··
		PM 12: 4
		<b>0</b> F
		<del></del>
(If an effective date is listed, the date must h	se specific and cannot be prior to date of filing or more than 90 days a k does not meet the applicable statutory filing requirements,	
If the record specifies a delayed effective record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated August 24	. 2023	
	ベンン	
	ignature of a member or authorized representative of a member	
GILBERT L'HOMMEDI	Typed or printed name of signee	

Filing Fee: \$25.00