

L100000073670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

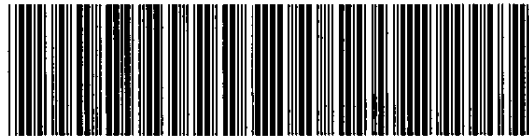
Special Instructions to Filing Officer:

L. SELLERS

OCT 28 2010

EXAMINER

Office Use Only



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10/27/10--01017--009 **25.00

FILED

10 OCT 27 PM 3:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Disability Claims Clinic, 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:

Kimberly Boldt

Name of Person

Disability Claims Clinic, LLC

Firm/Company

2001 Tyler St. Ste 2

Address

Hollywood, FL 33020

City/State and Zip Code

med.4701@yahoo.com

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

For further information concerning this matter, please call:

Mary Dost

Name of Person

at (954)

822-0910

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

(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 July 13, 2010 and assigned
Florida document number L10000073670.

This amendment is submitted to amend the following:

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

n/a

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)

Disability Claims Clinic, LLC

2001 Tyler St. Ste 2

Hollywood, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Disability Claims Clinic, LLC

PO Box 221964

Hollywood, FL 33022-1964

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:

Kimberly Boldt

New Registered Office Address:

2001 Tyler St. Ste 2

Enter Florida street address

Hollywood

Florida

City

33022-1964

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.

Kimberly L. Boldt
If Changing Registered Agent, Signature of New Registered Agent

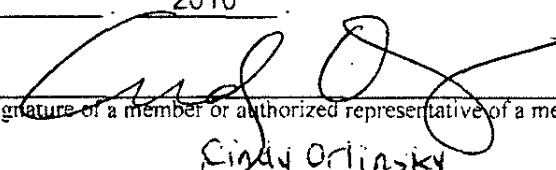
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Cindy Orlinsky	20051 NE 37 Ct Aventura, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kimberly Boldt	2001 Tyler St. Ste 2 Hollywood, FL 33020	<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.)*

Dated October 22, 2010



Signature of a member or authorized representative of a member

Cindy Orlinsky

Typed or printed name of signee