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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 25 PM 2:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BPClaimsAdvisors, 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:

William C. Bohack

Name of Person

BPClaimsAdvisors, LLC

Firm/Company

7794 Holiday Drive

Address

Sarasota, FL 34231

City/State and Zip Code

billbohack67@gmail.com

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

For further information concerning this matter, please call:

William C. Bohack

Name of Person

at (941)

822-0402

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BPClaimsAdvisors, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on September 23, 2011 and assigned
Florida document number L11000109462

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:

7794 Holiday Drive

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34231

Enter new mailing address, if applicable:

7794 Holiday Drive

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34231

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:

William C. Bohack

New Registered Office Address:

7794 Holiday Drive

Enter Florida street address

Sarasota

, Florida

34231

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>
MGR	Mark A. Schwartz	1860 Southpointe Drive Sarasota, FL 34231	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	John Mueller	2608 Hibiscus Street Sarasota, FL 34239	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mark A. Schwartz	1860 Southpointe Drive Sarasota, FL 34231	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	William C. Bohack	7794 Holiday Drive Sarasota, FL 34231	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Carol Siuda	4460 Diamond Circle S. Sarasota, FL 34233	<input checked="" 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

January 20th, 2012



Signature of a member or authorized representative of a member

Mark A. Schwartz

Typed or printed name of signee