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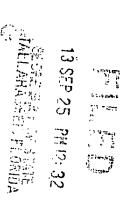
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## **COVER LETTER**

TO: Registration Section Division of Corporations Tuttle Claims Service, 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: Robert E. Tuttle Jr. Tuttle Claims Service, LLC. 12230 Forest Hill Blvd. Ste 110-DD Wellington, FL 33414 City/State and Zip Code robert@tuttleclaims.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 561 784-1000 Area Code & Daytime Telephone Number Robert Tuttle Name of Person

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

TUTTLE	CLAIMS SERV	/ICE, LLC.				
(Name of the Limited Li (A F	iability Company Iorida Limited Liab	<b>as it now appe</b> Sility Company	ars on our record	<u>ds.</u> )		
The Articles of Organization for this Limited Liab Florida document number 80-0761442	oility Company w				and assi	igned
This amendment is submitted to amend the follow	/ing:			The state	0	
A. If amending name, enter the new name of the	he limited liabili	ty company h	<u>ere</u> :	Grand Signature	25	The state of the s
The new name must be distinguishable and end with t "L.L.C."	the words "Limited	·			32	, m statemy
Enter new principal offices address, if applicab	le:	12230 F	OREST HILL B	LVD. JUIT	IE 110	- 00
(Principal office address MUST BE A STREET	ADDRESS)	WELLINGT	ON FL 33	414		<del> </del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>(2X)</u>	_	Forest Hill B ou , FL 3		te 110	0- 00
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on	our records, g	enter the r	iame o	f the nev
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	12230 For		<b>BLUD</b> . Suite Enter Florida stre		00	
	WELLING	City	, Flor	ida <u>33</u> Z	<mark>414</mark> ip 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> **Type of Action** Robert E. Tuttle Jr. **MGRM** 10490 Polo Lake Dr W Apt #301 10490 POW LAKE DR. W Apt. #301 V Add LOURDES M. ROMAN MO-R (amend address only) Remove Remove Remove

Siertember	19th , 2013 .
Jupamach	
	of Marian State Con A
	Signature of a member or authorized representative of a member  LOURDES H RONDN

Page 3 of 3

Filing Fee: \$25.00

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