

L12000003811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

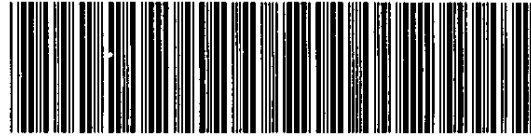
(Business Entity Name)

(Document Number)

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12 MAY 21 AM 11:16
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK
MAY 23 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSURANCE REMEDIATION SPECIALISTS 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:

NOELY ZATTIERO

Name of Person

INSURANCE REMEDIATION SPECIALISTS LLC

Firm/Company

9400 LISTOW TERRACE

Address

BOYNTON BEACH, FL 33437

City/State and Zip Code

CHICONSTRUCTION@BELLSOUTH.NET

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

For further information concerning this matter, please call:

NOELY ZATTIERO

Name of Person

at (**954**)

818-8193

Area Code & Daytime Telephone Number

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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 REMEDIATION SPECIALISTS 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 01/09/2012 and assigned
Florida document number L1200003811.

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:

(Principal office address MUST BE A STREET ADDRESS)

9400 LISTOW TERRACE

BOYNTON BEACH, FL 33437

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9400 LISTOW TERRACE

BOYNTON BEACH, FL 33437

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:

NOELY ZATTIERO

New Registered Office Address:

9400 LISTOW TERRACE

Enter Florida street address

BOYNTON BEACH

Florida

33437

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:

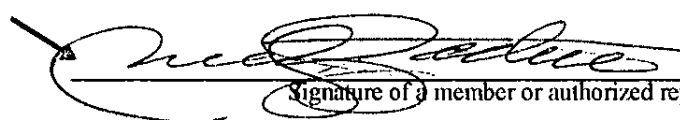
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANDREA SPLEHA	7635 WOOLAND CREEK LANE LAKE WORTH, FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NOELY ZATTIERO	9400 LISTOW TERRACE BOYNTON BEACH, FL 33437	<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 5-14-12



Signature of a member or authorized representative of a member

NOELY ZATTIERO

Typed or printed name of signee

RECEIVED
TALLAHASSEE, FLORIDA
12 MAY 21 AM 11:18