

L12000003811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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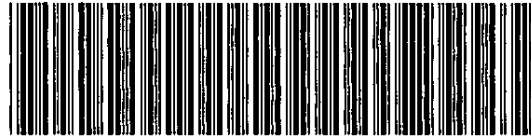
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 14 2012

EXAMINER

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:

NOELLY ZATIERO

Name of Person

INSURANCE REMEDIATION SPECIALISTS LLC

Firm/Company

8927 HYPOLUXO ROAD

Address

LAKE WORTH, FL 33467

City/State and Zip Code

CHICARES911@GMAIL.COM

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

For further information concerning this matter, please call:

NOELLY ZATTIERO

Name of Person

at (954) 818-8193

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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TALLAHASSEE, FLORIDA

**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)

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The Articles of Organization for this Limited Liability Company were filed on 01/09/2012 and assigned
Florida document number L12000003811

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)

8927 HYPOLUXO ROAD BLG. A-4 Unit 220
LAKE WORTH, FL 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8927 HYPOLUXO ROAD BLG A-4 Unit 220
LAKE WORTH, FL 33467

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:

New Registered Office Address:

Noely Zattien
8927 Hypoluxo Road BLG A-4 Unit 220
Enter Florida street address
Lake Worth, Florida 33467
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	DAVID BALL	9400 LISTOW TERRACE	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33437	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12-11-12, _____.



Signature of a member or authorized representative of a member

NOELLY ZATTIERO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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