

L120000/7545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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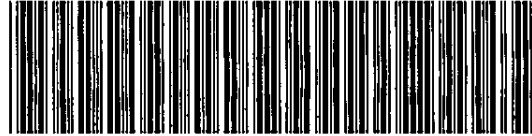
(Business Entity Name)

(Document Number)

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2016 APR -4 PM 1:12

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

APR -7

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STEWAR LOSS CONSULTING SERVICES 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:

Michael D Wiles  
Name of Person

WFL LAW  
Firm/Company

1250 S Pine Island Rd, Ste 200  
Address

Panama FL 33324  
City/State and Zip Code

mwiles@wflaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Wiles at (954) 944-2855  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

STEWART LOSS CONSULTING SERVICES LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

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2016 APR -4 PM 1:12  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/03/2012 and assigned Florida document number L12000017545.

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 contain 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Enter Florida street address

\_\_\_\_\_, Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BOAZIZ, RAMI	2450 NE MIAMI GARDENS DRIVE	<input type="checkbox"/> Add
		STE 200	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33180	<input type="checkbox"/> Change
MGRM	RAMI BOAZIZ LIVING TRUST	2450 NE MIAMI GARDENS DRIVE	<input checked="" type="checkbox"/> Add
		STE 200	<input type="checkbox"/> Remove
		MIAMI FL 33180	<input type="checkbox"/> Change
MGRM	EXTRA POINT INVESTMENTS OF DELAWARE LLC	2711 CENTERVILLE ROAD, STE 400	<input checked="" type="checkbox"/> Add
		WILMINGTON DE 19808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 APR 11 PM 1:12  
 FALLAH ASSOCIATES, LLC  
 1600 N. MIAMI ST. SUITE 400  
 MIAMI, FL 33136

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

FILED  
2016 APR -4 PM 16 12  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA  
CLERK OF COURT

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

RAMI A BOAZIZ

Typed or printed name of signee