

L12000141531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

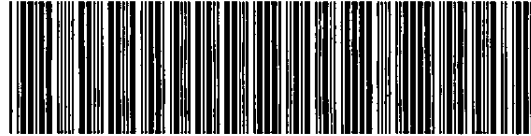
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300284071273

04/04/16--01042--030 \*\*100.00

FILED  
16 APR -4 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 07 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STELLAR INSURANCE CLAIM CONSULTANTS 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 Wild  
Name of Person

WFP LAW  
Firm/Company

1250 S PINE ISLAND RD, STE 200  
Address

PALM BEACH FL 33324  
City/State and Zip Code

MWILD@WFP.LAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Wild 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

STELLAR INSURANCE CLAIMS CONSULTANTS LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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       | <input checked="" type="checkbox"/> Add    |
|              |                                         | Ste 400                     | <input type="checkbox"/> Remove            |
|              |                                         | WILMINGTON DE 19808         | <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            |

FILED  
16 SEP - 4 PM 12/14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

[illegible]

**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

Ram A Boaziz  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA