

L13000126228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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B. DOCK

JAN 16 2014

EXAM 103

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Claims Consultancy, 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:

Bill Short, Managing Member

Name of Person

Claims Consultancy, LLC

Firm/Company

16765 FishHawk Blvd #340

Address

Lithia, FL 33547

City/State and Zip Code

bshortii@gmail.com

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

For further information concerning this matter, please call:

Bill Short

Name of Person

at 813 300-5462

Area Code

Daytime Telephone Number

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

TALLAHASSEE, FL 32301

2014 JAN 13 PM 4:45

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Claims Consultancy, 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 8/27/2013 and assigned  
Florida document number L13000126228

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9981 Nob Hill Ct, Sunrise, FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9981 Nob Hill Ct, Sunrise, FL 33351

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:

Amy Romain

New Registered Office Address:

9981 Nob Hill Ct

Enter Florida street address

Sunrise

Florida

33351

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.*

Amy Romain  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGMR	Amy Romain	9981 Nob Hill Ct, Sunrise, FL 33351	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGMR	Bill Short	16765 FishHawk Blvd #340	<input type="checkbox"/> Add
		Lithia, FL 33547	<input checked="" type="checkbox"/> Remove
MGMR	Short Notice Adjusting LLC	16765 FishHawk Blvd #340	<input type="checkbox"/> Add
		Lithia, FL 33547	<input checked="" 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

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ALLAHADSS

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

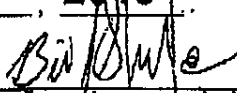
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Dated December 1st, 2013



Signature of a member or authorized representative of a member

Bill Short, Managing Member

Typed or printed name of signee

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Filing Fee: \$25.00

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CALAMASSEE, IOWA