

LIL 0000 824H6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

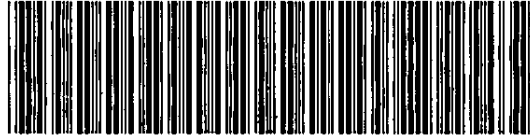
(Business Entity Name)

(Document Number)

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05/31/16--01019--001 **25.00

16 MAY 31 AM 7:16
DEPARTMENT OF STATE
HALL AMASSER, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOPLINE CLAIMS ADJUSTING, 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:

Nicholas Komoniewski

Name of Person

Firm/Company

2490 SW 12th Street

Address

Deerfield Beach, FL 33442

City/State and Zip Code

nkom31@gmail.com

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

For further information concerning this matter, please call:

Nicholas Komoniewski

954 937-4408
at ()

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 &
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

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

TOPLINE CLAIMS ADJUSTING, 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 04/27/2016 and assigned
Florida document number L16000082486.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TOPLINE CLAIMS SERVICES, LLC

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)

2490 SW 12th Street

Deerfield Beach, FL 33442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2490 SW 12th Street

Deerfield Beach, FL 33442

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:

Nicholas Komoniewski

New Registered Office Address:

2490 SW 12th Street

Enter Florida street address

Deerfield Beach

City

Florida

33442

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.

NKom

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>
MGR	Nicholas Komoniewski	2490 SW 12th Street	<input checked="" type="checkbox"/> Add
		Deerfield Beach, FL 33442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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16 MAY 31 AM 7:16
101 MAY 29 PMT
111 MAY 28 PMT

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.

Dated _____, _____.

NKm

Signature of a member or authorized representative of a member

Nicholas Komoniewski

Typed or printed name of signee