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## **COVER LETTER**

TO:	Registration Sec Division of Corp	
CUBIC		Progessional, LLC
SUBJE	СТ:	Name of Limited Liability Company
		Amendment and fee(s) are submitted for filing.
Please i	eturn all correspor	ndence concerning this matter to the following:
		Joseph M. DeFranco
		Name of Person
		The Claim Professional Law Firm, LLC
		Firm/Company
		101 Wymore Road, Suite 101
		Address
		Altamonte Springs, Florida 32714
		City/State and Zip Code
		Office@TheClaimPros.com  E-mail address: (to be used for future annual report notification)
For fur	ther information co	oncerning this matter, please call:
Joseph	M. DeFranco	407 252-4611
	Name of	f Person Area Code Daytime Telephone Number
Enclos	ed is a check for th	ne following amount:
<b>=</b> \$2:	5.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

The Claim Professional, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on and assigned
lorida document number L16000085165	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
The Claim Professionals Law Firm, LLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	101 Wymore Road
Principal office address MUST BE A STREET ADDRESS)	Suite 101
	Altamonte Springs, Florida 32714
Inter new mailing address, if applicable:	101 Wymore Road
Mailing address MAY BE A POST OFFICE BOX)	Suite 101
	Altamonte Springs, Florida 32714
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	ffice address on our records, enter the name of the name:
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with th

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		,	Change
			Remove
			☐ Change
			Add
			Remove
			Bhanga Bhanga
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Effective date, if other than the date of filing:  [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 60 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records.	Rective date, if other than the date of filing:    (optional)				
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Signature of a member or authorized representative of a member	Signature of a member of authorized representative of a member		1200		

Page 3 of 3

Filing Fee: \$25.00