

L17000259871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

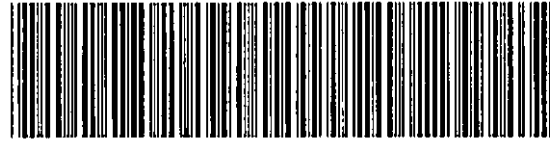
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FEB 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCS Claims 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:

Timothy Carter

Name of Person

Appelt & Associates, CPAs

Firm/Company

1811 N Belcher Rd, Ste 1-2

Address

Clearwater, FL 33765

City/State and Zip Code

timc@anacpa.com

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

For further information concerning this matter, please call:

Timothy Carter

727 451-7238
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

JA and MB II 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 December 21, 2017 and assigned
Florida document number L17000259871

This amendment is submitted to amend the following:

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

CCS Claims LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

16614 Sedona de Avila

Tampa, FL 33613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16614 Sedona de Avila

Tampa, FL 33613

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:

Robert Larson

New Registered Office Address:

16614 Sedona de Avila

Enter Florida street address

Tampa

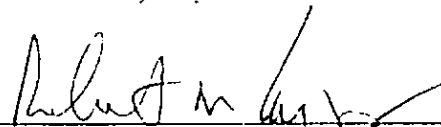
Florida 33613

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>
MGR	Robert Larson	16614 Sedona de Avila	<input checked="" type="checkbox"/> Add
		Tampa, FL 33613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JA and MB Group LLC	1811 N Belcher Rd. Ste 1-2	<input type="checkbox"/> Add
		Clearwater, FL 33765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE
SECRETARY OF STATE

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

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THEFT BY STATE
TALLAHASSEE FL

F. 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)(h)

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 JAN 24 22, 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Robert Larson

Typed or printed name of signee

Filing Fee: \$25.00