

L17000259871

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○ SIMMONS

FEB 20 2020

**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.L.C."

Enter new principal offices address, if applicable:

16614 Sedona de Avila

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33613

Enter new mailing address, if applicable:

16614 Sedona de Avila

(Mailing address MAY BE A POST OFFICE BOX)

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

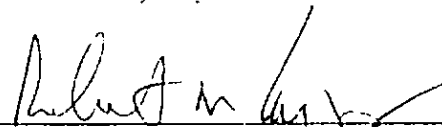
Florida 33613

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

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2018 JAN 27 PM 4:28
CLERK OF STATE
TAMPA, FL

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 J-2	<input type="checkbox"/> Add
		Clearwater, FL 33765	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA
 TALLAHASSEE OFFICE FL

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

Multiple horizontal lines for amending information.

2020 JAN 27 PM 4:28
SECRETARY OF STATE
TALLAHASSEE FL

FILED

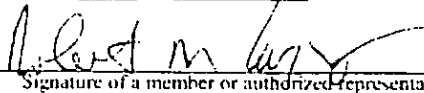
E. Effective date, if other than the date of filing: _____ (optional)

(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 JANUARY 22, 2020



Signature of a member or authorized representative of a member

Robert Larson

Typed or printed name of signee

Filing Fee: \$25.00