

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L18000239053

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : USA CORPORATE SERVICES GROUP
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 VERDAGUER LAW, PLLC**

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VERDAGUER LAW, PLLC

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:

LAURA VERDAGUER

 Name of Person

VERDAGUER LAW, PLLC

 Firm/Company

5710 W 20 CT

 Address

MIAMI, FL 33016

 City/State and Zip Code

L.VERDAGUE@GMAIL.COM

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

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 DIVISION
 OF CORPORATIONS
 STATE
 OF FLORIDA

For further information concerning this matter, please call:

LAURA VERDAGUER 954 303 2957
 _____ 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

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERDAGUER LAW, PLLC

(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 10/01/2018 and assigned Florida document number L18000239053.

This amendment is submitted to amend the following:

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

Florida Claims Law Firm PLLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2019 SEP 25 11:11 AM

APPROVAL

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

2019 SEP 25 PM 4:43

STATE
SECRETARY
CORPORATION

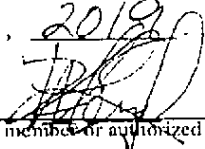
E. Effective date, if other than the date of filing: _____ (optional)

(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 9/24, 2019



Signature of a member or authorized representative of a member

Laura Verdager

Typed or printed name of signee