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Certified Copies	_ Certificate	es of Status
Special Instructions to	Eiling Officer:	
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

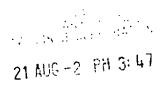
TO: Registration So Division of Con			
The Guard	ian Group Claims Consulting, I	A.C	
SUBJECT:	ian Group Claims Consulting, I Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filmg.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew Youtz		
		Name of Person	
	The Guardian Group Clair	ns Consulting, LLC	
		Firm/Company	
	12001 Oak Knoll Dr. Suite	: 100	
		Address	
	Austin, TX, 78759		
		City/State and Zip Code	
	matthew_voutz@finitebs.co		
		to be used for future annual report no	ntification)
For further information of	concerning this matter, please c	all:	
Matthew Youtz		737 244-0726 at ()	
Name o	of Person	at ()Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[7] \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	IT \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration S	
Division of C	orporations .	Division of Co	orporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Guardian Group Claims Consulting, 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 tiled on $\frac{1}{2}$	12 17 2018 and assigned	
Florida document number 1.18000288552		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company b	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
	·····	
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 agent and/or the new registered office address here: Name of New Registered Agent:	r records, <u>enter the name of the new reg</u> i	<u>sterec</u>
New Registered Office Address: Enter Flo	Florida street address	
	, Florida Zip Code	
	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 provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address. I here	of my duties, and I am tamiliar with and a Chapter 605, F.S. Or, if this document	1

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>	Name	Address 21 AUG -2 FH 3: 41	Type of Action
AMBR	Ron Coopei	6910 Dustin Road	
		Galena, OH, 43021	■Remove
			□Change
	****		□Add
			□Remove
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			□Remove

•	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) 21 AUG - 2 PM 3: 48	
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ffectiv	e date, if other than the date of filing:	
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record is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after i.	the
0	7/26/2021	
aicu _	··	
	Signature of a member or duthorized representative of a member	
	Signature of a member or duthorized representative of a member	
	Trung Pham	

Filing Fee: \$25.00