

L18000288552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

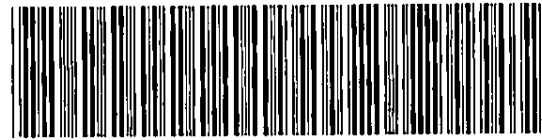
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
APR - 7 2023

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2023 APR -6 AM 10:56
SECRETARY
TALLAHASSEE, FLORIDA

RECEIVED

2023 APR -6 PM 1:42
RECEIVED
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: **\$60.00**

Authorization Signature: 

The Guardian Group Claims Consulting, LLC L18000288552
Business Document Number

☒ **Certified Copy of Articles**

☒ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☒ Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ Statement of Authority

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE ☐ **Country**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THE GUARDIAN GROUP CLAIMS CONSULTING, 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:

PHILLIP WRIGHT

Name of Person

THE GUARDIAN GROUP CLAIMS CONSULTING, LLC

Firm/Company

501 EAST LAS OLAS BLVD, STE 300

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

phill@guardianclaimsusa.com

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

For further information concerning this matter, please call:

PHILLIP WRIGHT

Name of Person

954
at ()

Area Code

812-5005

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

SECRET
13 APR -6 AM 10:56
11 11 11

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 filed on 01/01/2019 and assigned
Florida document number L18000288552.

This amendment is submitted to amend the following:

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

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:

501 EAST LAS OLAS BLVD

(Principal office address MUST BE A STREET ADDRESS)

STE 300

FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

501 EAST LAS OLAS BLVD

(Mailing address MAY BE A POST OFFICE BOX)

STE 300

FORT LAUDERDALE, FL 33301

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:

101 SW 61ST AVE

Enter Florida street address

PLANTATION

City

Florida 33317

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	TRUNG PHAM	11701 JOLLYVILLE RD. BLDG. SUITE 201	<input type="checkbox"/> Add
		AUSTIN, TX 78759	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PHILLIP WRIGHT	101 SW 61ST AVE	<input type="checkbox"/> Add
		PLANTATION, FL 33317	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

member or authorized representative of a member

PHILLIP WRIGHT, AMBR

Filing Fee: \$25.00

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