L18000288552

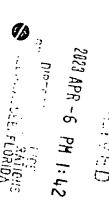
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| Certified Copies | Certificates o | f Status | | |
| Special Instructions to Filing Officer: | | | | |
| | J. HOF APR - 7 | RNE 2023 | | |
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Office Use Only



300404661273

2023 APA -6 ATTO: 56



(850) 524-5437 (850) 524-6243 Please use funds from this account: J20210000160: \$60.00 Authorization Signature: Just The Guardian Group Claims Consulting, LLC L18000288552 Document Number Business X Certified Copy of Articles X Certificate of Status <u>AMENDMENTS</u> **NEW FILINGS** Profit Corp X Amendment Resignation of R.A. Not for Profit Officer/Director _ _Limited Liability Change of Registered Agent ___Domestication Dissolution ___Merger Other Conversion CORP Amended and restated Articles LLLP Statement of Authority **OTHER FILINGS** REGISTERATION/QUALIFICATIONS __ Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Other APOSTILLE **Country**

FLORIDA CAPITAL COURIER SERVICES. INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINIER'S INITIALS:

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

EXAMINIER'S INITIALS:_____

| Please use funds from this account Authorization Signature: | : 120210000160: \$60.00 |
|--|--|
| The Guardian Group Claims Consu Business | Ulting, LLC L18000288552 Document Number |
| _XCertified Copy of Articles | |
| _X_ Certificate of Status | |
| NEW FILINGS | <u>AMENDMENTS</u> |
| Profit CorpNot for ProfitOfficer/DirectorLimited LiabilityDomesticationOtherCORPLLLP | X_Amendment Resignation of R.A Change of Registered Agent Dissolution Merger Conversion Amended and restated Articles Statement of Authority |
| OTHER FILINGS | REGISTERATION/QUALIFICATIONS |
| Annual Report | Foreign filing Limited Partnership |
| Fictitious Name | Reinstatement |
| APOSTILLECountry | Other |

COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|--|--|--------------------|--|
| SUBJECT: | THE GUARDIAN G | ROUP CLAIMS CONSUL | TING, LLC | |
| Solution. | Name of Lim | ited Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspon | ndence concerning this matter | to the following: | | |
| | | PHILLIP WRIGHT | | |
| | | Name of Person | | |
| | THE GUARDIAN | N GROUP CLAIMS CONS | ULTING, LLC | |
| | | Firm/Company | | |
| | 501 E | AST LAS OLAS BLVD, S | TE 300 | |
| | | Address | | |
| | FORT LA | AUDERDALE, FL 33301 | | |
| | | City/State and Zip Code | | |
| | • | @guardianclaimsusa.com | | |
| | E-mail address: (| to be used for future annual re | port notification) | |
| For further information co | oncerning this matter, please co | all: | | |
| PHILLIP WRIGHT | | 954 at () | 812-5005 | |
| Name of | Person | Area Code | Daytime Telepho | ne Number |
| Enclosed is a check for th | e following amount: | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 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



| * - | | LAIMS CONSULTING, I | |
|---|--|---|---------------------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited) | ny as it now appears on our Liability Company) | records.) |
| The Articles of Organization for this Limited L. Florida document number L18000288552 This amendment is submitted to amend the following the | owing: | | 9 and assigned |
| A. If amending name, enter the new name o | <u>f the limited hab</u> | ility company here: | |
| The new name must be distinguishable and contain the v | words "Limited Liabi | lity Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 501 EAST LAS OLAS | BLVD |
| | | 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 agent and/or the new registered office addressed of New Registered Agent: | | address on our records | , enter the name of the new register |
| | 101 SW 61ST | AVE | |
| New Registered Office Address: | 101000000 | Enter Florida stree | ri address |
| | PLANTATION | ١ | . Florida 33317 |
| | | 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 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|----------------|--------------------------------------|-----------------|
| MGR | TRUNG PHAM | 11701 JOLLYVILLE RD. BLDG. SUITE 201 | 🗆 Add |
| | | AUSTIN, TX 78759 | ■Remove |
| | | | □Change |
| AMBR | PHILLIP WRIGHT | 101 SW 61ST AVE | □Add |
| | | PLANTATION, FL 33317 | |
| | | | = Change |
| | | | |
| | | | Remove |
| | | | □Change |
| | | | □Add |
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| Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and earnot be prior in date of filing or more than 90 days after filing.) Pursuant to 605.0. [In effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date in State on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date in State on the Department of State on the State on the Department of State on the Department of State on the Department of State on the State on the Department of State on the State on the Department of | | |
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| Ciffective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior in date of filing or more than 90 days after filing.) Pursuant to 605.0 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 distribution of a member of the state of a member of | | |
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| ffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and earnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.01 (obtional) (optional) | | |
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| Signature of a member of authorized representative of a member | | APRIL 4, 2023 |
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| | aicu _ | |
| | Jaicu _ | |
| DISTRIBUTION AND PARTY | Jaicu _ | Signature of a member of authorized representative of a member |

Filing Fee: \$25.00

COVER LETTER

Registration Section Division of Corporations

TO:

| CHRICCT. | THE GUARDIAN G | ROUP CLAIMS CONSULTING | S. LLC | |
|--|--|---|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | | PHILLIP WRIGHT | | |
| | | Name of Person | | |
| | THE GUARDIAN | GROUP CLAIMS CONSULTI | NG, 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 no | otification) | |
| For further information c | oncerning this matter, please ca | all: | | |
| PHILLIP WRIGHT | | | -5005 | |
| Name of Person | | Area Code Dayti | ime Telephone Number | |
| Enclosed is a check for the | ne 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 Tallahassec, FL 32314 | | Street Address: Registration S Division of C The Centre of | orporations | |

Tallahassee, FL 32303