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(Req	uestor's Name)	
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2019 JUL 26 PM 4: 00

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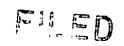
AUG - 5 2019

COVER LETTER

TO:	Registration S Division of Co			
CHD H		JST CLAIMS LLC		
SUBJI		Name of Lim	ited Liability Company	
Tl	aloral Askialora	6 A	hade self s	
		f Amendment and fee(s) are sub	-	
Please	return all corresp	ondence concerning this matter	to the following:	
		MARTINEZ, RUBEN, JR		
		FAIR TRUST CLAIMS LLC	Name of Person	
		14615 SW 51 ST	Firm/Company	
		. 10.10 011 01		
		MIAMI, FL 33175	Address	
		RUBEN.NOSTRESSCLAIM	City/State and Zip Code S@GMAIL.COM	
		E-mail address: (to be used for future annual report	t notification)
For fur	ther information	concerning this matter, please ca	all:	
RUBE	N MARTINEZ		786 459-11	
	Name	of Person	Area Code Da	nytime Telephone Number
Enclos	ed is a check for	the following amount:		
	5.00 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)
	Regist Divisi P.O. F	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUL 26 PM 4: 00

FAIR TRUST CLAIMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		01/22/20	10	
The Articles of Organization for this Limited Liab		led on 01/22/20		and assigned
Florida document number L19000023170	·			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ne limited liability con	mpany here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Comp	pany," the designation	on "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET	ADD <u>RESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO			<u>.</u>	
induling duaress MAT BE AT 031 OFFICE DO	<u></u>			

B. If amending the registered agent and/or		ldress on our i	records, enter	the name of the
registered agent and/or the new registered offic	e address here:			
Name of New Registered Agent:			<u>.</u> .	
New Registered Office Address:				
		Enter Florida stree	et address	
			Florida	Zip Code
	Ciņ.	•		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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>	Type of Action
AMBR	RUBEN MARTINEZ JR.	14615 SW 51 ST	
			
		MIAMI, FL 33175	
			Remove
			Change
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Note:	we date, if other than the observe date is listed, the date must lf the date inserted in this blochent's effective date on the Department.	ck does not meet the	applicable statutory filir	(optional) nore than 90 days after filing.) Pong requirements, this date wi	ursuant to 605.0207 (Il not be listed as t
	ord specifies a delayed 90th day after the reco		at not an effective	time, at 12:01 a.m. on	the earlier of:
	JULY 1	2019			
Dated					
Dated		·	 ·		
Dated	P	signature of a member o	r authorized representative	e of a member	

Page 3 of 3

Filing Fee: \$25.00