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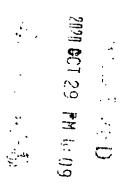
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
tified Copies Certificates of Status				
pecial Instructions to Filing Officer:				
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Office Use Only



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10/29/20



DECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: 4	ICA Insurance	Claims Advocates, LLC	e
SUBJEC1. <u>2</u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Piease return all correspo	ndence concerning this matter	to the following:	
		Ricardo Barnes, Owner	
		Name of Person	
	ICA Ins	urance Claims Advocates, LL	С
		Firm/Company	
		2001 Continental Street	
		Address	
		St. Cloud, FL 34769	
City/State and Zip Code			
	E-mail address: (to be used for future annual report n	otification)
For further information of	oncerning this matter, please ca	all:	
Ricardo Barnes		407 at ()	844-5435
Name o	f Person		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		Street Address: Registration S	
Division of C	•	Division of C	•
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810
		Tallahassee, I	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

IOA lassa	Ol-i Advantan I.E.C	_ 2020 O CT 29 PM	4- 61
	ance Claims Advocates, LL(illity Company as it now appears ida Limited Liability Company)		STATE
(A Flor	ida Limited Liability Company)	TALLAHASSE	Ĕ, FL
The Articles of Organization for this Limited Liability	Company were filed on	07/28/2020	and assigned
Florida document numberL20000222973	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>ne</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
		· · · · · · · · · · · · · · · · · · ·	
Entan navy mailing address if applicables			
G 17		· - ·	
G 17	***		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address MAY BE A POST OFFICE BOX)	red office address on our re	cords, enter the nam	e of the new regist
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register		cords, <u>enter the nam</u>	e of the new regist
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here		cords, <u>enter the nam</u>	e of the new regist
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register		cords, <u>enter the nam</u>	e of the new regist
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here	<u>:</u>		e of the new regist
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	<u>:</u>	ida street address	e of the new regist
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	Enter Flori		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	Enter Flori	ida street address	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	Enter Flori City red Agent:	ida street address , Florida	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	Ricardo Barnes		🗀 Add
			□Remove
		2001 Continental Street, St. Cloud, FL 34769	Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Articles of Organizations for the LLC listed above	e. The amended change that is being requested by me is the
recent title from (Authorized Representative) to	the new title as the (Manager). The cause for this request of chan
is the bank will not recognized my title on my cur	rrent Articles of Organization to open a business account.
If you have any questions or concerns, please fe	eel free to contact me at the listed number above.
Thank you for your time,	
Ricardo Barnes, Owner/Manager	
	O8/01/2020 (optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(to pplicable statutory filing requirements, this date will not be listed as the ords.
ecord specifies a delayed effective date, but not an effecti is filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated October 24 , 2020	,
	authorized representative of a member
•	•
Ricardo Barnes, Owner	

Filing Fee: \$25.00