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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor				
NO STRESS	S CLAIMS CONSULTING LL	.C		
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:		
	GIAN CLAUDIO CAPOS	SELA DIAZ		
		Name of Person	-	
	NO STRESS CLAIMS CO	INSULTING LLC		
		Firm/Company	_	
	8247 NW 108TH CT UNIT	Γ5		
		Address	—	
	DORAL FLORIDA 33178			
	GIANCLAUDIOCD@GMA	City/State and Zip Code AIL.COM	SECR TAL	2022 NOV 14
		to be used for future annual report notification)		11 À0
	oncerning this matter, please co			
GIAN CLAUDIO CAPO	SSELA DIAZ	786 3197975	111.5	D
Name o	f Person	Area Code Daytime Telephone Num	ber Til	1:1:6
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification C	Filing Fee. icate of Statu ied Copy mal copy is enclo	
Mailing Address		Street Address:		
Registration : Division of C		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of Tallahassee		
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite	2810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NO STRESS CLAIMS CONSULTING LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears or Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Octobe	er 14. 2022	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the desig	nation "LLC" or the abbi	reviation ~11	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			2022 NOV	
		2	2 KO	*******
Enter new mailing address, if applicable:				enress UNIVE
(Mailing address MAY BE A POST OFFICE BOX)		*	<u> </u>	. कर्टन १
			2000年	Letra.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco			registe
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street address		
		Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>			
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Cha	v duties, and I am fa upter 605, F.S. Or, i	miliar wit. f this docu	h and ment is

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

may property of

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	GIAN C CAPOSSELA DIAZ	8247 NW 108TH CT UNIT 5	
		DORAL, FL. 33178 US	-
			□Remove
			≣ Change
AMBR	GIAN C CAPOSSELA DIAZ	8247 NW 108TH CT UNIT 5	
			<u></u> ■Add
		DORAL, FL. 33178 US	
			□Remove
			∏ Changa
			Change
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more that If the date inserted in this block does not meet the applicable statutory filing requestrictly effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	e earlier of: (b) The 90th day
OCTOBER 20 2022	
d	
/ 'Loud	

Filing Fee: \$25.00