

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Khoury-Alternative Claims Management, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Krebs
Name of Person

Khoury-Alternative Claims Management, LLC
Firm/Company

16404 San Pedro Avenue
Address

San Antonio, Texas 78232
City/State and Zip Code

bkrebs@altclaim.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Krebs at (210) 340-4400
Name of Person Area Code & Daytime Telephone Number

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2016 MAR 17 A 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:
 \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Khoury - Alternative Claims Management, LLC

Enter new principal office address, if applicable: _____

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: _____

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M15000000250

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 1-12-15

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Alternative Claims Management, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____
Enter Florida Street Address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

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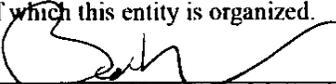
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative

Robert Krebs
 Typed or printed name of signee

Filing Fee: \$25.00

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos Cascos
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

ALTERNATIVE CLAIMS MANAGEMENT, LLC
800613431

[formerly: KHOURY-ALTERNATIVE CLAIMS MANAGEMENT, L.L.C.]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 04/16/2015

Effective: 04/16/2015



A handwritten signature in black ink, appearing to read "Cascos" followed by a horizontal line.

Carlos Cascos
Secretary of State

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ALTERNATIVE CLAIMS MANAGEMENT, LLC (file number 800613431), a Domestic Limited Liability Company (LLC), was filed in this office on February 14, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 11, 2016.



A handwritten signature in black ink, appearing to read "Cascos" followed by a horizontal line.

Carlos H. Cascos
Secretary of State