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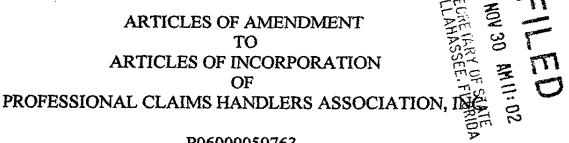
## COVER LETTER \*

TO: Amendment Section

d Division of Corporations

NAME OF CORPORATION: Professional Claims Handlers Association	, <u>(</u>
DOCUMENT NUMBER: POGODOS 9763	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person)	
Mlds-loc(e foralegel Ene (Firm/Company)	
2702 A West Ockland Park BLVD (Address)	
Fr Lande Jale FL 37311 (City/ State and Zip Code)	
For further information concerning this matter, please call:	
Name of Contact Person) at (954) 565-9929  (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee \\ Certificate of Status \$\bigcup (Additional copy is enclosed) \$\bigcup (Additional Copy is enclosed) \$\bigcup (Additional Copy is enclosed) \$\bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ Certified Copy \\ (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301



P06000059763

Document Number of Corporation

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendments Adopted:

Article I is hereby amended to read:

The name of the corporation shall be:

Professional Claim Handlers Association, Inc.

SECOND: The date of each amendment's adoption is November 27, 2006.

THIRD: The amendment was approved by the shareholders. The

number of votes cast for the amendment was sufficient for

approval.

Signed this 27th day of November, 2006.

DAVID A. MCNUGH

DIRECTOR / PRESIDENT