

PUUUU263E5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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7.21.10



500182315195

07/06/10--01043--012 \*\*43.75

FILED  
2010 JUL 21 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend  
Sf

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Aries Claim Service, Inc.

**DOCUMENT NUMBER:** P10000026345

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Mack  
Name of Contact Person

Aries Claim Service, Inc.  
Firm/ Company

PO Box 985  
Address

Apopka, FL 32704  
City/ State and Zip Code

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

For further information concerning this matter, please call:

Christina Mack at ( 407 ) : 952-7998  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2010

CHRISTINA MACK  
ARIES CLAIM SERVICE, INC.  
POST OFFICE BOX 985  
APOPKA, FL 32704

SUBJECT: ARIES CLAIM SERVICE INC.  
Ref. Number: P10000026345

We have received your document for ARIES CLAIM SERVICE INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 710A00016567

RECEIVED  
2010 JUL 21 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Aries Claim Service, Inc.

P10000026345

adopts the following

Page 1 of 3

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
 (Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
P	Tina Reed	9242 Sweden Blvd Punta Gorda, FL 33982	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Kenneth D. Hart JR	2332 Sweetaire Ct Apopka, FL 32712	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Marshall Austin JR	5803 Bruton Rd Plant City, FL 33565	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	Christina Mack	5598 Lighthouse Rd Orlando, FL 32808	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
 (if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 6-16-10

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 6/16/10

Signature Marshall Austin Jr

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Marshall Austin Jr

(Typed or printed name of person signing)

Vice President

(Title of person signing)