P1600035165

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Claims Consul	Iting Firm, Inc.	
DOCUMENT NUM	BER: P16000035165		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Edgar Velazquez		
		Name of Contact Persor	1
	The Claims Consulting Firm,	Inc.	
	- · · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	9854 SW 195th St.	, ,	
		Address	
	Cutler Bay, FL 33157		
		City/ State and Zip Code	>
mon	archadjusting@outlook.com		
	· · · · · · · · · · · · · · · · · · ·	sed for future annual report	notification)
		•	
For further information	on concerning this matter, pleas	se call:	
Edgar Velazquez		at (978-0902
	of Contact Person	at (Area Cod)de & Daytime Telephone Number
			•
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment 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)
<u>Ma</u>	niling Address	Street	Address
Amendment Section		Amendment Section	
	Division of Corporations Division of Corporations		
	D. Box 6327 Jahassee FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

The Claims Consulting Firm, Inc.	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P16000035165	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Monarch Claims Consultants, Inc.	The new
name must be distinguishable and contain the word "corporation" (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SSEE O
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	_ <i>N</i> / A
	·
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Cnange		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Arti	(Be specific)
<u>.</u>	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	A A

	\mathcal{N}/\mathcal{A}	
The date of each amendment(s) ado date this document was signed.	otion://	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amer	ndment file date)
Note: If the date inserted in this blo document's effective date on the Depa		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cient for approval.	cast for the amendment(s)
	ved by the shareholders through voting group sch voting group entitled to vote separately of	
"The number of votes cast fo	the amendment(s) was/were sufficient for ap	pproval
by	(voting group)	**
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without sharehol	der action and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder a	action and shareholder
5/13/2016 Dated		
Signature	ctor, president or other officer – if directors of	or officers have not been
selected,	by an incorporator – if in the hands of a receil fiduciary by that fiduciary)	
E	dgar Velazquez	
-	(Typed or printed name of person si	gning)
P	resident	

(Title of person signing)