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**EXAMINER** 



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## **COVER LETTER**

Division of Cor	porations				
SUBJECT:	C&B Insurance Consultants, LLC				
5000DC1.		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspo	indence concerning this matter	r to the following:			
		J. David Groce			
		Name of Person			
		Groce Law Firm, Ltd			
		Firm/Company			
	1060 V	V. Pipeline Road, Suite 1	10		
		Address			
	Hurst, Texas 76053				
	City/State and Zip Code				
	E-mail address: (	roce@grocelaw.com to be used for future annual report r	otification)		
For further information co	oncerning this matter, please of	call:			
J. [	David Groce	ar ( 817 )	284-4747		
<del> </del>	David Groce at (817) 284-4747 of Person Area Code & Daytime Telephone Number				
Enclosed is a check for th	_				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Statu (sed) Certified Copy (additional copy is		

**MAILING ADDRESS:** 

**Registration Section** 

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

## STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&B Insurai	nce Consultants, I	LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	Feb 01, 2008	and assigned	
Florida document numberL08000011938	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	re:		
The Peo	ple's Adjuster LLC			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	any," the designation"Ll	LC" or the abbreviation	
			<b>0</b>	
Enter new principal offices address, if applicable:			SECR SECR	
( <u>Principal office address MUST BE A STREET ADDR</u>	<u> </u>		<u> </u>	
			<u>2 元</u>	
			#U #	
Enter new mailing address, if applicable:			N Sec	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			S. S.	
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		our records, enter th	e name of the new	
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 608, 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

· If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager
• • • • • • • • • • • Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	····		Add Remove
			Add Remove
			Add Remove
	;		Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	<del>-</del>
			_
<u></u>	· · · · · · · · · · · · · · · · · · ·		<del>-</del>
Dated No	vember 16, 2009		-
		or authorized representative of a member	<del>-</del>

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Filing Fee: \$25.00