L18 0000 27194

(Requ	estor's Name)	
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Omend/ name change

- COVER LETTER

Division of Co	rporations			
	JSTING SERVICES, LLC.			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fcc(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	LILA WILSON			
		Name of Person		
	A1A ADJUSTING SERV	ICES, LLC.		
		Firm/Company		
	1773 SKYLINE LANE			
	.	Address		
	SEBASTIAN, FLORIDA	32958		
	lila.w@att.net	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	-	to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please c	all:		20 z
LILA WILSON		772 388-3708		7) ·
Name o	of Person		Telephone Number	158 -1 AHO:
Enclosed is a check for t	he following amount:			0.
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &
Mailing Addre Registration	Section	Street Address: Registration Sec		

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

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATA ADJUSTING SERVICES, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L 18000027194 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AIA NATIONAL CONSULTANT, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices 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) B. If amending the registered agent and/or registered office 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: ROBERT N. MILISITS	The Articles of Organization for this Limited Liability Compan	y were filed on 1/30/2	018 and assigned
A. If amending name, enter the new name of the limited liability company here: AIA NATIONAL CONSULTANT, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: ROBERT N. MILISITS New Registered Office Address: 1773 SKYLINE LANE Enter Florida street address	Florida document number L 18000027194		
Ala National Consultant, LLC. The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registeragent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: ROBERT N. MILISITS 1773 SKYLINE LANE Enter Florida street address Enter Florida street address SEBASTIAN. Florida 32958	This amendment is submitted to amend the following:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: ROBERT N. MILISITS New Registered Office Address: Enter Florida street address Enter Florida 32958 Enter Florida 32958 Enter Florida 32958	A. If amending name, enter the new name of the limited lia	bility company here:	:
Enter new principal offices 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registeragent and/or the new registered office address here: Name of New Registered Agent: ROBERT N. MILISITS New Registered Office Address: I773 SKYLINE LANE Enter Florida street address	ATA NATIONAL CONSULTANT, LLC.		
Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: ROBERT N. MILISITS New Registered Office Address: 1773 SKYLINE LANE Enter Florida street address Enter Florida 32958 SEBASTIAN. Florida 32958	The new name must be distinguishable and contain the words "Limited Lial	bility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: ROBERT N. MILISITS 1773 SKYLINE LANE Enter Florida street address SEBASTIAN. Florida 32958	Enter new principal offices address, if applicable:	1773 SKYLINE LA	ANE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: ROBERT N. MILISITS New Registered Office Address: I773 SKYLINE LANE Enter Florida street address SEBASTIAN. Florida 32958	• • • • • • • • • • • • • • • • • • • •	SEBASTIAN, FLO	RIDA 32958
Name of New Registered Agent: New Registered Office Address: 1773 SKYLINE LANE	B. If amending the registered agent and/or registered office	address on our reco	rds, enter the name of the new registerec
Enter Florida street address SEBASTIAN, Florida 32958	Name of New Registered Agent: ROBERT N.	MILISITS	
SEBASTIAN, Florida 32958	New Registered Office Address: 1773 SKYLIN	NE LANE	
		Enter Florida	street address
Cin. Cin. J.	SEBASTIAN	•	. Florida ³²⁹⁵⁸
Cuy zip Code		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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E. Effe	etive date, if other than the date of filing: (optional)
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the rec ecord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	3/25/2020
	Signature of a member or authorized representative of a member

Typed or printed name of signee