

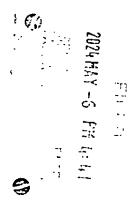
(Requestor's Name)
(Northeader & Northe)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900429065539

05/06/24--01010--017 **60.00



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	PUBLIC ADJU	STER CLAIMS SERVICES	. LLC	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David A. V	/allone		
		Name of Person		
	PUBLIC A	DJUSTER CLAIMS SERVI	CES, LLC	
		Firm/Company		
	2900 PARI			
		Address		
	SAINT PET	rersburg, fl. 33710		
		City/State and Zip Code		
	david.vallo	ne@outlook.com		
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
David A.	Vallone	716 909-7643		
Name o	of Person	at ()	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	ction	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUBLIC ADJUSTER CLAIMS SERVICES, LLC

(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on or ility Company)	our records.)	
The Articles of Organization for this Limited Liability Company we	ere filed 12/0	04/2023 and assigned	
		and assigned	
on Florida document number <u>L.23000538067</u>	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here:		
Exact Estimating Solutions, LLC			
The new name must be distinguishable and contain the words "Limited Liability (Company," the designat	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS)			
		202	
Enter new mailing address, if applicable:	Nla	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
_		5	
B. If amending the registered agent and/or registered office add	ress on our record	ls, enter the name of the new registe	
agent and/or the new registered office address here:			
Name (Standard America	. . (.)		
Name of New Registered Agent:	NIA		
New Registered Office Address:	7° - 7° - 1		
	Enter Florida street address		
	City	, Florida 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 provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance of my da vided for in Chapte	luties, and I am familiar with and ter 605, F.S. Or, if this document is	
	NIA		
If Changin	g Registered Agent, Si	ignature of New Registered Agent	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		 	□Remove
		 	□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change

ir ame	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
_	
_	······································
_	
_	
_	<u> </u>
_	<u> </u>
_	
_	
•	
_	
_	
_	
_	<u> </u>
_	
(If an effe	re date, if other than the date of filing:
	nt's effective date on the Department of State's records.
ie record ord is file	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 d.
Dated_	April 29th . 2024.
	Signature of a member or authorized representative of a member
	David A. Vallone Typed or printed name of signee

Filing Fee: \$25.00