

L18000088428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

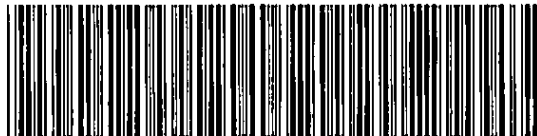
(Business Entity Name)

(Document Number)

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JUN 25 2018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 22 PM 1:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACE PUBLIC ADJUSTERS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harold Matzner

Name of Person

ACE PUBLIC ADJUSTERS LLC

Firm/Company

5865 NW 42nd Terrace

Address

Boca Raton, FL 33496

City/State and Zip Code

Harold@PAGroupFL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold Matzner

516 316-3492
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CORTNEY MATZNER	5865 NW 42ND TER	<input type="checkbox"/> Add
		BOCA RATON, FL. 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARIANA MATZNER	5865 NW 42nd TER	<input type="checkbox"/> Add
		BOCA RATON, FL. 3496 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 20, 2018

Signature of a member or authorized representative of a member

Harold Matzner

Typed or printed name of signee

RECEIVED
SECRETARY OF STATE
DIVISION OF CONSTRUCTION
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