LD6000004799

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)
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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
MSW Put	olic Adjusters & Associates Ll	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Michael Wollenberg		
		Name of Person	
		Firm/Company	
	2275 Scenic Highway, #	203	
		Address	
	Pensacola, Florida 3250	3	
		City/State and Zip Code	
	micwllnbrg@gmail.com	to be used for future annual report notifi	cation)
For further information	concerning this matter, please co		Cilinary
Michael Wollenberg		850 512-7144 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSW Public Adjusters & Associates LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on January 13, 2006	and assigned
Florida document number L06000004799		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MSW Adjusters Services LLC		
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200 E 1
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		MO M
		교육 교
Enter new mailing address, if applicable:		OR 2.
(Mailing address MAY BE A POST OFFICE BOX)		2 5 8 2 8
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
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			E Phange 2: See F. FLORIDA
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fective date, if other than the an effective date is listed, the date mote: If the date inserted in this locument's effective date on the	ist be specific and cannot be prior to slock does not meet the applicable	date of filing or more than 90 d	_ (optional) ays after filing.) Pursuant to 605,020 atts, this date will not be listed a
e record specifies a delaye The 90th day after the re	ed effective date, but not a cord is filed.	an effective time, at 1	2:01 a.m. on the earlier o
July 12 ated	2018		
M.	ill Walh		
	Signature of a member or authoria	ed representative of a membe	

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Filing Fee: \$25.00