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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Property Claims 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:
Patricia A. Duboff (Name of Person)
Property Claims Adjusters, LLC (Firm/Company)
795 NE 95 Street (Address)
Miami Shores, Florida 33138 (City/State and Zip Code)
For further information concerning this matter, please call:
Patricia A. Duboffat (_305) 790-4254
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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**

## PROPERTY CLAIMS ADJUSTERS, LLC (Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 2/24/06 and assigned document number L06000020447 and assigned	
SECOND:	This amendment is submitted to amend the following:	
	The names and addresses of the Manager and/or Member and the title that they hold are:	
	PATRICIA A. DUBOFF, Member/Manager	
	795 NE 95 Street, Miami Shores, FL 33138	F
	SEE LY	П
	. =	<u></u>
	2365 NW 36 Avenue, Coconut Creek, FL 33066	<b>=</b>
	Coconut Creek, FL 33066	
	<u></u>	
Dated Ma	Signature of a member or authorized representative of a member  Vincent J. Orgera	
	Typed or printed name of signee	

Filing Fee: \$25.00