

L060000100771

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(City/State/Zip/Phone #)

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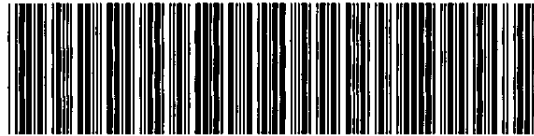
(Business Entity Name)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: XACT CLAIMS ADJUSTING, 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:

KYLA T. GALLOWAY
(Name of Person)

XACT CLAIMS ADJUSTING, LLC.
(Firm/Company)

3229 RAILWAY AVE
(Address)

LAKELAND, FL 33805
(City/State and Zip Code)

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For further information concerning this matter, please call:

KYLA GALLOWAY at (863) 397-3881
(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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

XACT CLAIMS ADJUSTING, LLC.
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on OCT. 16, 2006 and assigned document number LO6000100771.

SECOND: This amendment is submitted to amend the following:

XACT CLAIMS ADJUSTING, LLC. AND KYLA T. GALLOWAY
ARE IN AGREEMENT UPON ADDING DEAN S. GALLOWAY
AS A MANAGING MEMBER. ADDRESS BEING
3229 RAILWAY AVE, LAKE LAND, FL 33805

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Dated OCTOBER 8TH, 2007.

Kyla T. Galloway

Signature of a member or authorized representative of a member

KYLA T. GALLOWAY

Typed or printed name of signee