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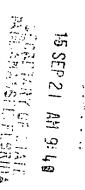
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SEP 22 2015 J SHIVERS

COVER LETTER

SUBJECT:	ple's Adjuster, LLC		<u> </u>
	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:	
	Brian W. Shipley		
	- · 	Name of Person	**************************************
	The People'sAdjuster, L	LC	
	 	Firm/Company	
	8983 Okeechobee Blvd	, Suite 202-421	
		Address	
	West Palm Beach, FL 33	3411	
		City/State and Zip Code	
	boakestpa@icloud.com	to be used for future annual report notif	-
For further information of	concerning this matter, please or	·	ication)
Brian W. Shipley	oncerning this matter, prease ca	561 281-6990	
	CD.	at ()	
Name o	f Person	Area Code Daytime	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)	☐ \$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

The People's Adjuster, LLC				
(Name of the Limite	d Liability Company as it now appears (A Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Li	ability Company were filed on 02/0	1/2008	and assi	gned
Florida document number L08000011938	·			
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liability company here	:		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the des	gnation "LLC" or th	e abbreviation "L.L	.C."
Enter new principal offices address, if applica	ıble:	····		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u></u>			
		- ,,		
B. If amending the registered agent and/		ur records, <u>ent</u>	er the name o	f the new
registered agent and/or the new registered of	<u>ice address here</u> :		21·c.	
Name of New Registered Agent:	Brian W. Shipley	***************************************	<u>25</u>	
New Registered Office Address:	8983 Okeechobee Blvd, Suite		P 2	¥ 3.
		a street address	33411	i jerita
	West Palm Beach City	, Florida	33411 Zip Code	1 / ja
Now Degistered Agentle Signature if the start of	•		上 利用	Sec. A
New Registered Agent's Signature, if changing R	egistered 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
MGR	Brian W. Shipley	7090 Aliso Avenue	☐ Add
		West Palm Beach, FL 33413	□ Remove
			☐ Change
MGR	Delores H. Shipley	7090 Aliso Avenue	🖸 Add
		West Palm Beach, FL 33413	□ Remove
			■ Change
			□ Remove
			Change
			Add
			□ Remove
		·	☐ Change
			Add
		 	□ Remove
		***************************************	Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			☐ Change

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Filing Fee: \$25.00