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(Cit	y/State/Zip/Phone	€#)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

G. MCLEOD

JUL - 8 2008

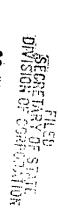
EXAMINER



900131999319

07/03/08--01014--013 **25.00

10 JUL -3 PM 2: 44



COVER LETTER

Enclosed is a check for the following amount:						

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

Action Proper	ty Adjusters.	1.40		
(Name of the Limited Liabili	ity Company as it now appears on o a Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L09000322</u>		3,12008 an	d assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and end with the w	ords "Limited Liability Company," th	ne designation "LLC" or	the abbreviation	
"L.L.C."			₫.	
Enter new principal offices address, if applicable:			3 500	
(Principal office address MUST BE A STREET ADI	ORESS)		<u> </u>	
			$oldsymbol{\omega}$	
Enter new mailing address, if applicable:			골 걸었음 :	
			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
			- <u> </u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		cords, <u>enter the na</u>	me of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
		, Florida		
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = M	nnager · · · · · · · · · · · · · · · · · · ·		
<u>Title</u>	Name	Address	Type of Action
MGR	Hector Chomal	10150 SW 124 Ave miami F1 33186	Add Remove
V <u>\G-12</u>	Deanna Chance	1913 Crystal Dours G 32765, F)	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	ry.)
_			
Dated	hunn bignature of a men	hber or authorized representative of a member	
	Vira	nia I twrcioz ped or printed name of signee	 -

Page 2 of 2

Filing Fee: \$25.00