

L08000050292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

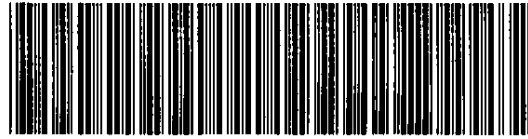
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200185262182

09/13/10--01006--008 \*\*25.00

No  
Page 1

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 22 PM 1:58

T. HAMPTON

SEP 23 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

1-800-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:

Michael McManis

Name of Person

1-800-ADJUSTERS, LLC

Firm/Company

9000 Sheridan St #16

Address

Pembroke Pines FL 33024

City/State and Zip Code

Mike @ FLORIDALOSS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael McManis

Name of Person

at (954) 430-7333

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 SEP 22 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 14, 2010

MICHAEL MCMANISH  
9000 SHERIDAN ST  
# 16  
PEMBROKE PINES, FL 33024

SUBJECT: 1-800-ADJUSTERS, LLC  
Ref. Number: L08000050292

We have received your document for 1-800-ADJUSTERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 010A00021844

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

1-800-ADJUSTERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 22 PM 1:58

The Articles of Organization for this Limited Liability Company were filed on 5/20/2008 and assigned

Florida document number 20800050292

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FLPA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

9000 Sheridan Street

Suite 16

Pembroke Pines FL 33024

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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.

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 = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<i>MGR</i>	<i>Michael J. McManis</i>	<i>1101 N. 9th St. #300 Phoenix, AZ 85003</i>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	<i>No changes</i>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9/8/2010

*Michael J. McManis*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

*Michael J. McManis*  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
10 SEP 22 PM 1:50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS