

L08000054042

(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



600188241976

600188241976
12/06/10--01018--003 **25.00

FILED
10 DEC -6 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 7 2010

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Premier Public Adjusting Group, 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 Cordova

Name of Person

Premier Public Adjusting Group, LLC.

Firm/Company

13876 SW 56 St. #151

Address

Miami, FL 33175

City/State and Zip Code

mcordova@ppagroupllc.com

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

For further information concerning this matter, please call:

Michael Cordova

Name of Person

at (305)

432-5220

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

FILED
10 DEC -6 PM 1:46
TALLAHASSEE, FLORIDA

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

Premier Public Adjusting Group, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/02/2008 and assigned
Florida document number L08000054042.

This amendment is submitted to amend the following:

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

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)

275 Fontainebleau Blvd. Suite 255

Miami, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13876 SW 56 St. #151

Miami, FL 33175

FILED
10 DEC - 5 PM 1:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Michael Cordova

New Registered Office Address:

275 Fontainebleau Blvd. Suite 255

Enter Florida street address

Miami
City

Florida

33172
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.

Michael Cordova
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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Edgardo Bermudez	12265 SW 132 Ct. Miami, FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael Cordova	275 Fontainebleau Blvd. Suite 255 Miami, FL 33172	<input checked="" 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 _____

Signature of a member or authorized representative of a member

EDGARDO BERMUDEZ
Typed or printed name of signee

FILED
10 DEC -6 PM 1:46
CLERK OF STATE
TALLAHASSEE, FLORIDA