

LD 8000087468

(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:

AUG 13 2013

A. LUNT

Office Use Only



000250294970

08/09/13--01014--004 **25.00

4

SECRETARY OF STATE
RECEIVED

2013 AUG -9 PM 12:22

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: East Coast Public 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:

Susan Odess
Name of Person
East Coast Public Adjusters LLC
Firm/Company
201 Palermo Ave
Address
Coral Gables FL 33134
City/State and Zip Code
aguilar@ecpaclaims.com
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 AUG -9 PM 12:22

FILED

For further information concerning this matter, please call:

Amy Aguilar at (305) 441-0882
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**

(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 9/15/2008 and assigned Florida document number LO8000087468.

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)

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: _____

Susan Odess

224 Palermo Ave

Enter Florida street address

Coast Gables

Florida

33134

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 = Manager

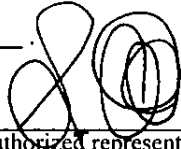
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel Odess	224 Palermo Ave	<input type="checkbox"/> Add
		Coral Gables FL 33134	<input checked="" type="checkbox"/> Remove
MGR	Susan Odess	224 Palermo Ave	<input checked="" type="checkbox"/> Add
		Coral Gables FL 33134	<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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 07/13/15 BY 60322 UCBAW/SCJ/FLO/HB

2013 AUG -9 PM 12:22
FILED

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

Dated August 5, 2013 

Signature of a member or authorized representative of a member

Susan Odess

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 AUG -9 PM 12:22
JULIA HASSIE, FLORIDA

FILED