

LD8000101235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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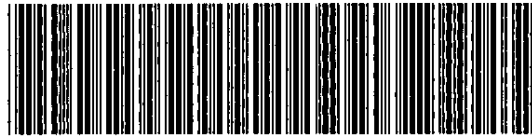
(Business Entity Name)

(Document Number)

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B. KOHR

MAY 12 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 10 AM 8:45

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Elite Adjusting Solutions, 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:

**Emmanuel Isma**

Name of Person

**Elite Adjusting Solutions, LLC**

Firm/Company

**7595 Baymeadows Cir W 213**

Address

**Jacksonville FL 32256**

City/State and Zip Code

**berodeeisma@hotmail.com**

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

For further information concerning this matter, please call:

**Emmanuel Isma**

Name of Person

at ( **904** )

**803-2312**

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 10 AM 8:45

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

**Elite Adjusting Solutions, 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 MAY 10 AM 8:45

The Articles of Organization for this Limited Liability Company were filed on 10/28/2008 and assigned  
Florida document number L08000101235.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

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

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

Florida

N/A

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>
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

The company shares are redistributed between the initial members as follow:

Name	Title	Percentage interest
Emmanuel B Isma	Managing Member	95%
Clebert J. Isma	Member	5%

Dated May 3rd, 2010

Signature of a member or authorized representative of a member

Emmanuel B. Isma

Typed or printed name of signee