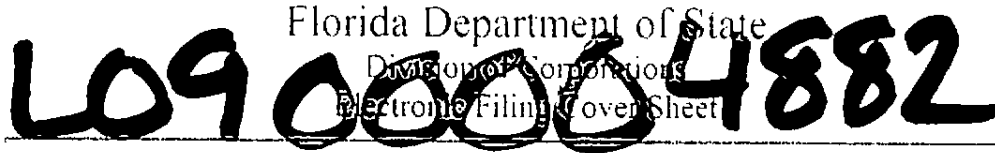


8/10/23, 3:00 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COURTACCESS CENTERS, LLC
Account Number : 075358000541
Phone : (813)875-1333
Fax Number : (813)200-1050

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Al@alfredoMoreno.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTHEAST PUBLIC ADJUSTERS, LLC

Certificate of Status	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
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K. Brumblay

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

SOUTHEAST PUBLIC ADJUSTERS, 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 01/15/2009 and assigned Florida document number 1.09000004882.

This amendment is submitted to amend the following:

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

MORENO PUBLIC ADJUSTERS, LLC

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

Enter new principal offices address, if applicable:

6601 Memorial Hwy, Suite 200

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

Tampa, FL 33615

Enter new mailing address, if applicable:

6601 Memorial Hwy, Suite 200

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

Tampa, FL 33615

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:

Alfredo Moreno

New Registered Office Address:

6601 Memorial Hwy, Suite 200

Enter Florida street address

Tampa

Florida

City

Zip

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 605, 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.

DocuSigned by:

Alfredo Moreno

If Changing Registered Agent, Signature of New Registered Agent

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AND
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2023 AUG 10 PM 6:54
CLERK OF DISTRICT COURT
1ST DISTRICT
TAMPA, FLORIDA

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If amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alfredo Moreno	6601 Memorial Hwy Suite 200	☐ Add
		Tampa, FL 33615	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

