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(Requestor's Name)				
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(Business Entity Name)				
(Document Number)				
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S. HAWKES				
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25.00 **FILED**25.00 **FILED**

COVER LETTER

Division of Co	rporations		
SUBJECT: <u>ROYAL</u>	PUBLIC ADJUSTER LI (Name of Lim	.C nited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	HORENSTEIN DAV	(Name of Person)	
	ROYAL PUBLIC AD	JUSTER LLC (Firm/Company)	
	1755 FAST HALLAN	DALE BEACH BLVD (Address)	
	HALLANDALE BEA	CH FL 33009 US (City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
HORENSTEIN, DA (Name	of Person)	at (954) 805-0010 (Area Code & Daytime T	elephone Number)
Enclosed is a check for t	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)
× MAII	INC ADDDECS.	CTREET/COURIER	ADDDECC.

MAILING ADDRESS:

TO:

Registration Section

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

ROYAL PUBLIC ADJUSTER LLC	lity Company of it now appears on our re	nonds \
ROYAL PUBLIC ADJUSTER LLC (Name of the Limited Liabil (A Florid	la Limited Liability Company)	corus.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.09000011097		
		SEC SEC
This amendment is submitted to amend the following:	:	
_		8 2
A. If amending name, enter the new name of the li	mited liability company here:	
ROYAL PUBLIC ADJUSTERS LLC		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the des	T13 T2
L.L.C.	,	E 8
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our record	s, enter the name of the new
registered agent and/or the new registered office ac		
Name of New Registered Agent:		
New Projection of Office Address		
New Registered Office Address:	(Enter Florida	street address)
	,	,
		lorida(Zip Code)
	(Cuy)	(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

	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Adp. Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional s.	
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- - -			
 Dated	2-17-09	·	

Page 2 of 2

Filing Fee: \$25.00