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**EXAMINER** 



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SECRETARY OF STATE

# **COVER LETTER**

то:	Registration Section Division of Corporations , , , , , , , , , , , , , , , , , , ,				
SUBJI	PepperSystems.com, LLC				
,	Name of Limited Liability Company				
The en	osed Articles of Amendment and fee(s) are submitted for filing.				
Please	turn all correspondence concerning this matter to the following:				
	Patricia A Pepper				
	Name of Person				
	PepperSystems.com, LLC				
	Firm/Company				
5168 NE 17th Ter					
	Address				
	Fort Lauderdale, FL. 33334				
	City/State and Zip Code				
	wbpepper@gmail.com E-mail address: (to be used for future annual report notification)				
For fu	er information concerning this matter, please call:				
	Patricia A Pepper at ( 954 ) 854-9232  Name of Person Area Code & Daytime Telephone Number				
	Name of Person Area Code & Daytime Telephone Number				
Enclos	is a check for the following amount:				
<b>□</b> \$25	O Filing Fee				

### 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

PepperSyste	ms.com, LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now apper	ers on our records.)
(11 Fortula Estatea	Sideling Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	July 16, 2009 and assigned
Florida document numberL0900068556		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company he	<u>ere</u> :
Millennium Public	: Adjusters, LL0	
The new name must be distinguishable and end with the words "Lim L.L.C."	ited Liability Comp	pany," the designation "LLC" or the abbreviati
Enter new principal offices address, if applicable:		<u></u> <b>≥</b> σ: <b>-</b>
Principal office address MUST BE A STREET ADDRESS)		LAHE R
		AS AS
		Hand Hand
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		Drill O
3. If amending the registered agent and/or registered o	ffice address on	our records, enter the name of the no
egistered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
TOTAL TOP ISSUED OF THE PARTY O	E	nter Florida street address
		, Florida
	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

	<u>Name</u>	Address	Type of Action
			□ b
			Remove
			_ n
			— n
			<b>—</b> -
			Remove
D. If amend	ing any other information, ente	r change(s) here: (Attach additional sheets	<del></del>
_			
Dated	March 17	2011	
	Signature of a	member or authorized representative of a mem	<del>oer</del>
	· •	· •	

Page 2 of 2

Filing Fee: \$25.00