

LD9000094530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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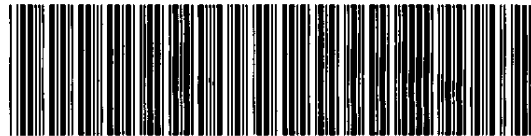
(Business Entity Name)

(Document Number)

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2010 SEP 13 PM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

SEP 14 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROGRESSIVE ADJUSTERS GROUP 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:

MANUEL J. VADILLO, ESQ.

Name of Person

TORRES & VADILLO LLP

Firm/Company

11402 NW 41st STREET, SUITE 202

Address

MIAMI, FL 33178

City/State and Zip Code

MJVADILLO@TORRESVADILLOLLP.COM

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

For further information concerning this matter, please call:

MANUEL J. VADILLO

Name of Person

at (305) 485-9700

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

2010 SEP 13 PM 2:28

PROGRESSIVE ADJUSTERS GROUP LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/01/2009 and assigned
Florida document number L09000094530.

This amendment is submitted to amend the following:

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

PARAMOUNT PUBLIC ADJUSTERS LLC

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)

2500 EAST HALLANDALE BEACH BLVD

SUITE T

HALLANDALE BEACH, FLORIDA 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2500 EAST HALLANDALE BEACH BLVD

SUITE T

HALLANDALE BEACH, FLORIDA 33130

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:

TORRES & VADILLO LLP

New Registered Office Address:

11402 NW 41ST STREET, SUITE 202

Enter Florida street address

MIAMI

City

Florida

33178

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.

Manuel J. Vellido
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

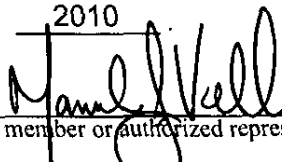
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADDRESS OF MGR TO BE CHANGED TO:

2500 EAST HALLANDALE BEACH BLVD, SUITE T

HALLANDALE BEACH, FL 33130

Dated SEPTEMBER 10, 2010



Signature of a member or authorized representative of a member

MANUEL J. VADILLO / AR

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

2010 SEP 13 PM 2:28
SECRETARY OF STATE
JILL HASSEL, FLORIDA

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