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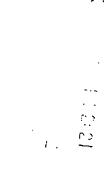
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08/19/24--01013--023 \*\*25.00



08/18/24



## Mike Zebold

Mobile Number: 786,302,0869

Office Number: 305.330.6252

Enclosed is the signed form, and payment for your review & acceptance.

Floridian Public Adjusters | Address: 2850 NW 79th Ave Doral, FL 33122

Office: 305-330-6252 | Fax: 305-808-3411 | Email: claims@floridianpa.com

# **COVER LETTER**

TO: Registration S Division of Co				
	AN PUBLIC ADJUSTERS LL	C.		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Michael Zebold			
		Name of Person		
	FLORIDIAN PUBLIC AI	DJUSTERS LLC		
		Firm/Company		
	2850 NW 79 AVE			į
		Address		
	DORAL, FI. 33122			-
		City/State and Zip Code		•
	MIKE@FLORIDIANPA.C			r. i
For further information of	E-mail address: concerning this matter, please c	(to be used for future annual report notificall:	ication) .	1.
MICHAEL ZEBOLD	·	786 302-0869		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
Mailing Addre Registration		Street Address: Registration Sec	tion	
Division of C		Division of Corp		
P.O. Box 632	27	The Centre of T	allahassee	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 81	0

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDIAN PUBLIC ADJUSTERS LLC		
( <u>Name of the Limited Liat</u> (A Flor	nility Company as it now appears on o ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{03/16/20}{1}$	III and assigned
Florida document number [.11000032020		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
BLUEPRINT CLAIMS LLC		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	^ <del>*</del>	
3. If amending the registered agent and/or register	ed office address on our record	s, enter the name of the new registe
gent and/or the new registered office address here	:	
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida str	vet address
		Florida
	Сйу	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
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			Change
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date, if other than the date of filing: (optional)							<u> </u>	
we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be be	ctive date, if oth	ner than the date of d. the date must be speci	filing:	ior to date of filing	or more than 90 c	(option:	al)	( )
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Filing Fee: \$25.00