1200012437

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

APR 1 0 2012

EXAMINER



200226971612

04/09/12--01018--018 **25.00

12 APR -9 PM I2: 14
SECRETARY OF STREET

Division of Co				
SUBJECT:	Florida Pul	blic Adjusting, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
		John Difato		
		Name of Person		
Florida Public Adjusting, LLC				
		Firm/Company		
1101 Channelside Dr, ste 270				
		Address		
Tampa, FL 33602				
City/State and Zip Code				
	jac E-mail address: (k@property-claim.com to be used for future annual report notific	ation)	
For further information	concerning this matter, please of		21 11 11 11 11 11 11 11 11 11 11 11 11 1	
	John Difato	at (813) 4	35-1616	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	\$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

TO ARTICLES OF ORGANIZATION OF

Florida Public	: Adjusting, LLC	<u> </u>	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	nany as it now appears d Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	1/26/12	and assigned
Florida document numberL12000012437			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	:	
Property Clain	n Experts, LLC		
The new name must be distinguishable and end with the words "Li 'L.L.C."	mited Liability Compar	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	第 75
			3 7
			Se same
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			₩ 15 □
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ır records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Ente	r Florida street add	ress
		, 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

OF Managing Member Deing added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Add Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member John Difato Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00