#112000041158

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
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K.SALY EXAMINER NOV - 7 2012

COVER LETTER

TO:

Registration Section

, Division of Corporations

SUBJECT:

Property Damage Specialists, 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:

Benjamin Paul Ferguson

Name of Person

Property Damage Specialists, LLC

Firm/Company

11677 Tangelo Lane

Addres

Jacksonville, Florida 32223

City/State and Zip Code

catadjuster8@yahoo.com

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

For further information concerning this matter, please call:

Michael D Ferguson

_{=/}904**444-240**8

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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

FIL	E) ^{ş.}	
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PROPERTY TO (Name of the Limited)	DAMAGE SPEC Liability Company as it n Florida Limited Liability (OM appears on our records.) Company)	LANGSEE, FLORIDA
The Articles of Organization for this Limited Lia Florida document number <u>L12000041158</u>	ability Company were fil	ed on 3/26/2012	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability con	<u>ipany here</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabi	lity Company," the designation	1 "LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE)	(ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
			
B. If amending the registered agent and/o registered agent and/or the new registered off		lress on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Michael Dozier Fe	rguson	
New Registered Office Address:	11677 Tangelo La	ine	
		Enter Florida street d	address
	Jacksonville	, Florida	32223
	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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Benjamin Paul Ferguson	11677 Tangelo Lane	Add
		Jacksonville, Florida 32223	Remove
MGRM	Michael Dozier Ferguson	11677 Tangelo Lane	Add
		Jacksonville, Florida 32223	Remove
			_
			Add
			Remove
			- Add
			Remove
			-
			Add
			Remove
			Add
			Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
• -			
_			
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_			
ated			
	Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member		
	Benjamin Paul Ferguson		

Typed or printed name of signee

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Filing Fee: \$25.00