

L12000080814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

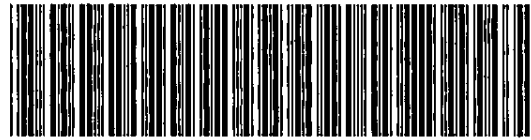
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400258381254

04/10/14--01021--007 **25.00

FILED
14 MAY 21 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400258381254

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABACO INTERNATIONAL LOSS ADJUSTERS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AURELIO GONZALEZ
Name of Person

ABACO INTERNATIONAL
Firm/Company

31 SE 5th St. suite 312
Address

MIAMI, FL 33131
City/State and Zip Code

agonzalez@abacoadjusters.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AURELIO GONZALEZ at (305) 495 67 61
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2014

AURELIO GONZALEZ
31 SE 5TH ST STE 312
MIAMI, FL 33131

SUBJECT: ABACO INTERNATIONAL LOSS ADJUSTERS LLC
Ref. Number: L12000080814

We have received your document for ABACO INTERNATIONAL LOSS ADJUSTERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 414A00009402

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ABACO INTERNATIONAL LOSS ADJUSTERS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/19/2012 and assigned Florida document number L12000080814.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 21 PM 4:15
FILED

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: AURELIO GONZALEZ

New Registered Office Address: 315E 5th St. suite #312
Enter Florida street address

MIAMI, Florida 33131
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARTINEZ, ALFONSO	2828 CORAL WAY suite 300	<input type="checkbox"/> Add
		CORAL GABLES, FL 33145 US	<input checked="" type="checkbox"/> Remove
MGR	GONZALEZ, AURELIO	31 SE 5 th St. suite 312	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 APR 21 PM 4:35
 CLERK OF STATE
 TALLAHASSEE FLORIDA

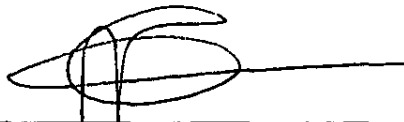
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: N/A (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May, 20th, 2014



Signature of a member or authorized representative of a member

AURELIO GONZALEZ

Typed or printed name of signee

FILED
14 MAY 21 PM 6: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA