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ALLAHASSEE, FLORID

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: AMERICAN FINANCE ADJUSTERS OF PALM BEACH, LLC

Name of Limited Liability Company

The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspor	ndence concerning this matte	r to the following:		
	1			
	THE LAW OFF	RT, P.L.		
	800 VILLAGE SQUARE CROSSING			
		Address	•	
	PALM BEACH GARDENS, FL 33410			
		City/State and Zip Code		
	PAUL(E-mail address: (PAULJBURKHART.NET to be used for future annual report notific	ation)	
For further information co	ncerning this matter, please	call:		
WILLIA Name of	M ROMANOS Person	at (561) 8	380-0155	
		7.102 0030 & 22,10		
Enclosed is a check for the	e following amount:			
∑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ADVANCED FINANCE ADJUSTERS OF PALM BEACH, 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 Liab	ility Company were filed on	6/21/2012	and assigned
Florida document number L120000821	53		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here	•	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	le:	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)		<u>₹</u>
		<u> </u>	
			SE S
Enter new mailing address, if applicable:	• ,	:	
(Mailing address MAY BE A POST OFFICE BO	OX)		FS
			2
			>
B. If amending the registered agent and/or registered agent and/or the new registered office		ır records, <u>enter tl</u>	ne name of the nev
Name of New Registered Agent:		·····	
New Registered Office Address:	Finte	er Florida street addr	
	City	, Florida	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** TACY, STRONG 2010 LITTLE TORCH ST _ Add WEST PALM BEACH, FL 33407 ✓ Remove MGRM DOMINICK RAGUFA 32 WEST RUBBER TREE DR ☐ Add ✓ Remove LAKE WORTH, FL 33467 MGRM TRACY STRONG 2010 LITTLE TORCH ST ✓ Add WEST PALM BEACH FL 33407 Remove DOMINICK RAGUSA MGRM 2010 LITTLE TORCH ST **V** Add WEST PALM BEACH, FL 33407 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 WILLIAM ROMANOS, ESQ. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00