L13000161740

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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Cor	ection porations		
	CONSULTING LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jason Roloff		
		Name of Person ters LLC Firm/Company t Address FL 33073 City/State and Zip Code com address: (to be used for future annual report notification) please call: 954 297-9981 at (
	Firehouse Adjusters LLC		
		Firm/Company	11 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -
	3671 NW 58th St		
		Address	
	Coconut Creek, FL 33073		
		City/State and Zip Code	
	JPRoloff@gmail.com		
	·	•	ication)
For further information c	oncerning this matter, please ca	dl:	
Jason Roloff		at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fec & Certificate of Status		□ \$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

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000161740</u> .	were filed on 11/18/13	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
Firehouse Adjusters LLC					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable: 3671 NW 58th St					
(Principal office address MUST BE A STREET ADDRESS)	G . G . DI 22072				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of		er the name of the new			
registered agent and/or the new registered office address her	<u>e</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

J.R. Pro Consulting L.L.C.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
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						not an eff	ective tim	ie, at 12:0	1 a.m. or	n the earlie	r of:
Dated March 23rd , 2017	. , 1	March 23rd				<u> </u>					
Signature of a member of authorized representative of a member	Dated _		م مرا)		Walla	/ ./ .					

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Filing Fee: \$25.00