

L14000168104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 MAR 30 P 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2016

ADAM GAMBUZZA
1755 W BROADWAY ST, STE 5
OVIEDO, FL 32765

SUBJECT: EXPERT PUBLIC ADJUSTERS, LLC.
Ref. Number: L14000168104

We have received your document for EXPERT PUBLIC ADJUSTERS, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 416A000006371

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Expert Public Adjusters 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:

Adam Gambuzza
Name of Person
Expert Public Adjusters LLC
Firm/Company
1755 W. Broadway St Suite 5
Address
Orlando FL 32765
City/State and Zip Code
adam@expertpublicadjusters.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Gambuzza at (321) 765-9666
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Expert Public 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 10-27-2014 and assigned
Florida document number L14000168104.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2016 MAR 30 P 5 21
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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

_____, 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 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

AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR	Gambuzzo, Maria B		<input type="checkbox"/> Add
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		1755 W. Broadway St Suite 5 Oviedo FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

VP	Gambuzzo, Maria B		<input type="checkbox"/> Add
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		1755 W Broadway St Suite 5 Oviedo FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
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2015 MAR 30 P 5:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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SECRETARIAT OF SULTANA
TALLAHASSEE, FLORIDA

2018 MAR 30 P 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 31 March, 2016

ok —

Signature of a member or authorized representative of a member

Adrian Garsberr

Typed or printed name of signee