

L150000 16671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

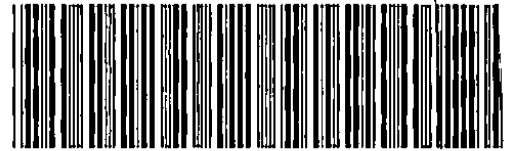
Special Instructions to Filing Officer:

OK to file per
Darlene Connel

10/14/19

cf

Office Use Only



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09/26/19--01027--017 **

2019 SEP 26 AM 10:27

C. GOLDEN

OCT 14 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADJUSTERMAN, 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:

Michael E. Klavan

Name of Person

ADJUSTERMAN, LLC

Firm/Company

1682 N.E. 33 Street, Suite 1

Address

Oakland Park, FL 33334

City/State and Zip Code

isettleclaims@adjustermanllc.com

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

For further information concerning this matter, please call:

Michael E. Klavan

954

588-2160

at (_____) _____

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**

2019 SEP 26

ADJUSTERMAN, 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 01/28/2015 and a
Florida document number L15000016671.

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 "L

Enter new principal offices address, if applicable:

1682 N.E. 33 Street, Suite 1

(Principal office address MUST BE A STREET ADDRESS)

Oakland Park, FL 33334

Enter new mailing address, if applicable:

1682 N.E. 33 Street, Suite 1

(Mailing address MAY BE A POST OFFICE BOX)

Oakland Park, FL 33334

**B. If amending the registered agent and/or registered office address on our records, enter the name
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1682 N.E. 33 Street, Suite 1

Enter Florida street address

Oakland Park

Florida 33334

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
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Chan
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Chang
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			<input type="checkbox"/> Remov
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

For this section: Authorized Person(s) Detail Name & Address

Title AP KLAVAN, MICHAEL E. 1682 Ne 33rd

#1 Oakland park, FL 33334-----

Please change Title to: Managing Partner

KLAVAN, MICHAEL E.

with Address of: 1682 N.E. 33 Street, Suite 1

Oakland Park, FL 33334

Thank you

E. Effective date, if other than the date of filing: _____ (optional)

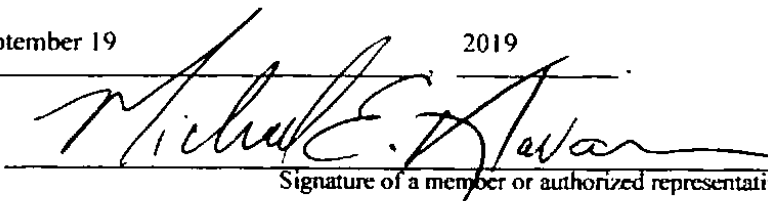
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest of:
(b) The 90th day after the record is filed.

Dated September 19

2019



Signature of a member or authorized representative of a member

Michael E. Klavan

Typed or printed name of signee