## L15000107813

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHD I		djusters LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Harrison Whittaker		
			Name of Person	
		Northside Adjusters LLC		
			Firm/Company	
		5881 NW 151st Street, #10	05	
			Address	·
		Miami Lakes, FL 33014		
			City/State and Zip Code	
		Harrison@NorthsideAdjust		
			to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please co	all:	
Harris	son Whittaker		305 994-4518 at ( )	
	Name of	f Person		Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>■</b> \$2	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:

TO:

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

Northside Adjusters, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	nv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I	Liability Company	were filed on 6/22/2015	and assigned	
Florida document number L15000107813	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
Northside Adjusters, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		5881 NW 151st Street, #105		
Principal office address MUST BE A STREET ADDRESS)		Miami Lakes, FL 33014		
Enter new mailing address, if applicable:		5881 NW 151st Street, #105		
(Mailing address MAY BE A POST OFFICE BOX)		Miami Lakes, FL 33014		
B. If amending the registered agent and registered agent and/or the new registered of			nter the name of the new	
Name of New Registered Agent:	Harrison Whitt	aker	FIL T 19	
New Registered Office Address:	5881 NW 151s			
		Enter Florida street address		
	Miami Lakes	, Florid	a 336時元 <b>公</b>	
		Citv	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Harrison Whittaker	5881 NW 151st Street, #105	■ Add
		Miami Lakes, FL 33014	□ Remove
			☐ Change
	<del></del>		□ Add
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			☐ Change
			Add
			Remove
		4 201 TO LANCE OIL -	Change
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		<del> ,</del>	Add
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			FLORIDA Remove
			☐ Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	, ,	
	,	
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(If an effect Note: If	e date, if other than the date of filing:    (optional)	207 (3)(b) as the
If the recor (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.	of:
Dated	September 19th, 2017.	
	Signature of a member or authorized representative of a member	
	Havison Wh. Haker  Typed or printed name of signee	[] = -
	Typed or printed name of signee	ַר ; ייי
	Page 3 of 3	1

Filing Fee: \$25.00