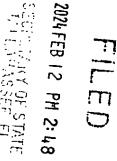


Office Use Only



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COVER LETTER

TO: Registration S Division of Co			à
SUBJECT:	Executive A Name of Lim	Gustment Se	Nices, LLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Louis	E Ranciato Name of Person	<u> </u>
	Executi	ve Adjustment Firm/Condany	Services, LLC
		BW Vermillion C	
	Part St. Ouistanci E-mail address: (City/State and Zip Code ato C yahoo - Coto be used for future annual report notion	4987 m fication)
For further information	concerning this matter, please ca	all:	
Louis E. Name	Ranciato of Person	at (ZO3) <u>UIO –</u> Area Code Daytim	4542 e 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)	S60.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Executive Adjustme	int Services,	LLC
(Name of the Limited Limited Limited Limited L	ny as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on11 /1	9/15 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		2024
Enter new mailing address, if applicable:	NA	EB 12 PH
(Mailing address MAY BE A POST OFFICE BOX)		H 2:48
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	enter the name of the new registere
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street o	address
	13/10/1 1// 10/10/10/10/10/10	
	City	, Florida
Now Designated Agent's Signature if should Designate Agent.	Cuy	г.ц. соце

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.

N/A

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

<u>Title</u>	Name	Address	Type of Action
	N/A		□Add
			□Remove
			□Change
			□ Add
		 	Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Remove
			Change
			
			□ Remove
			□Change

	N	A				
72 22						
				<u> </u>		
		<u>-</u>				
			<u> </u>			
neffective date i te: If the date	other than the date listed, the date must be s inserted in this block of ive date on the Depart	pecific and cannot be loes not meet the a	pplicable statutory	g or more than 90 day	(optional) s after filing.) Pursua ts, this date will no	nt to 605.020 t be listed as
cord specifies s filed.	a delayed effective date	e, but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th (day after the
ed <u>F</u>	bruary	5. 20 aus E. aure of a member or	Rancia	ntative of a member		
	_		Rancia printed name of sig	•		