

L160000 15189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

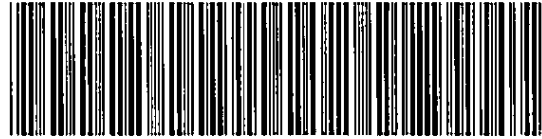
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000304850230

10/25/17--01032--018 **25.00

2017 OCT 25 PM 3:10

OCT 25 2017
J. HARRIS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Loss Analytics Construction & Consulting 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:

Lisa Smithson

Name of Person

Firm/Company

11201 Corporate Cir N, Suite 120

Address

St. Petersburg, FL 33716

City/State and Zip Code

lsmithson@lsandco.com

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

For further information concerning this matter, please call:

Lisa Smithson

Name of Person

at ()

Area Code

727-430-3858

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Loss Analytics Construction & Consulting 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 01/21/2016 and assigned
Florida document number L16000015189

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)

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:

Lisa Smithson

New Registered Office Address:

11201 Corporate Cir N, Suite 120

Enter Florida street address

St. Petersburg

City

Florida 33716

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dorman T	204 37th Ave N, #480	<input type="checkbox"/> Add
		St. Petersburg, Fl 33704	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kyle Gallauer	2400 Feather Sound Dr	<input type="checkbox"/> Add
		#1422	<input checked="" type="checkbox"/> Remove
		Clearwater, Fl 33762	<input type="checkbox"/> Change
MGR	Berley Greene	204 37th Ave N, #480	<input type="checkbox"/> Add
		St. Petersburg, Fl 33704	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lisa Smithson	11201 Corporate Cir N	<input checked="" type="checkbox"/> Add
		Suite 120	<input type="checkbox"/> Remove
		St. Petersburg, Fl 33716	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

10/20/17

Lisa Grubbs 1 KTS
Signature of a member or authorized representative of a member

/ Kyle Gallauer

Typed or printed name of signee

2017 OCT 25 PM 3:10