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COVER LETTER

	legistration Sec Division of Corp			
cup ie c		ablic Adjusting & Consulting	LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspon	idence concerning this matter	to the following:	
		Jeremy Hogan		
			Name of Person	
		Hogan & Hogan P.A		
			Firm/Company	
		906 E MICHIGAN STREE	ET	
			Address	
		ORLANDO FL 32806		
			City/State and Zip Code	
		FKIDWELL@GMAIL.CO		
			to be used for future annual report notif	ication)
For further	r information co	ncerning this matter, please ca	all:	
Jeremy H	ogan		407 422-2188	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for the	e 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**

/	FILED
SECRETAL ALLAHA	~2 PM 3: 12 RY OF STATE
)	SEE STATE

Statewide Public Adjusting & Consulting LLC

(Name of the Limited Liability Compa (A Florida Limited I	Liability Company) ASSEE. FLORIDA		
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000045354</u> .	were filed on $\frac{3-3-2016}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Statewide Loss Consulting LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6165 Mattox Street		
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32822		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6165 Mattox Street Orlando FL 32822		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:			
	, Florida		
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>	Address	Type of Action
MGR	James Loy	555 WINDERELY PLACE	
		Suite 300	■ Remove
		Maitland FL 32751	☐ Change
MGR	Fred Kidwell	6165 Mattox Street	Add
		Orlando FL 32822	☐ Remove
			Change
			Add 206 eve PH SEER FLANGE PH SEER F
			OF SAID REMOVE
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Effective date, if other than t (If an effective date is listed, the date i Note: If the date inserted in this document's effective date on the	nust be specific and cannot be public block does not meet the ap	orior to date of filing or m plicable statutory filing		iling.) Pursuant to 605.0207 (
he record specifies a delay The 90th day after the r		not an effective t	ime, at 12:01 a.	m. on the earlier of:
October 24th	2016			
Dated	7275	·		
1/2/1	1-			•
	Stringburg of a member or	uthorized representative	of a member	

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Typed or printed name of signee

Filing Fee: \$25.00