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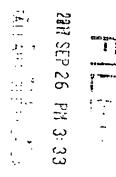
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SEP 27 2017 J. HARRIS

COVER LETTER

TO:		tration Section of Corp			
eun ire	cm.	ADJUSTCO	ORP LLC		
SUBJEC	(): _		Name of Limi	ited Liability Company	
The encl	losed A	Anicles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn a	ll correspo	ndence concerning this matter	to the following:	
			STEPHEN PASHOIAN		
				Name of Person	
			SPASH PROPERTIES IN	C	
				Firm/Company	
			615 N JASMINE AVE SU	ITE Q	
				Address	
			TARPON SPRINGS, FL 3	4689	
				City/State and Zip Code	
			STEVE@SPASHPROPER' E-mail address: (ΠΕS.COM to be used for future annual report n	otification)
For furth	her inf	ornation c	oncerning this matter, please ca		
STEHP	EN PA	ASHOIAN		727 215-4507	
		Name of	f Person	at () 215-4507 Area Code Days	ime Telephone Number
Enclosed	d is a c	check for th	ne following amount:		
\$25.	.00 Fil	ing 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)
		Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COU Registration Sec Division of Con Clifton Building 2661 Executive	porations !

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADJUSTCORP LLC		
(Name of the Lim	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs o <u>n our records.</u>)
The Articles of Organization for this Limited I	iability Company were filed on $\frac{02}{2}$	2/27/2017 and assigned
Florida document number 1.17000045546	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	52 53
(Principal office address MUST BE A STRE)	ET ADDRESS)	the transfer of the transf
-		TO secure
		(A) (B) (C)
Enter now mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	<u>ω</u> ω
	 -	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:	SPASH PROPERTIES INC	
New Registered Office Address:	615 N JASMINE AVE SUITE Q	
	Enter Flo	rida street address
	TARPON SPRINGS	Florida 34689
	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAN WRIGHT HOLDINGS LLC	10341 MAVERICK STREET	
		NEW PORT RICHEY, FL 34654	— Remove
			☐ Change
MGR	209 PROPERTIES INC	615 N JASMINE AVE SUITE Q	
		TARPON SPRINGS, FL 34689	■ Remove
			□ Change
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(If an eff <u>Note:</u> docum	ive date, if other than the date of lective date is listed, the date must be speci. If the date inserted in this block does nent's effective date on the Department cord specifies a delayed effect. 90th day after the record is f	fic and cannot be prior to do not meet the applicable of State's records. ive date, but not a	e statutory filing requi	rements, this date wi	ll not be listed	as the

Filing Fee: \$25.00