

117000072948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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Y. SCOTT

OCT - 7 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2023

RYAN JAMES
10734 WHITLAND GROVE DR.
RIVERVIEW, FL 33578

SUBJECT: RD JAMES CONSULTANTS LLC
Ref. Number: L17000072948

We have received your document for RD JAMES CONSULTANTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 823A00020716

SEP 27 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RD James Consultants 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:

Ryan James

Name of Person

RD James Consultants LLC

Firm/Company

10734 Whitland Grove Dr

Address

Riverview, FL 33578

City/State and Zip Code

ryan@LibertyInsuranceAdjusters.com

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

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For further information concerning this matter, please call:

Ryan James

813

922-5129

at (_____) _____

Name of Person

Area Code

Daytime 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)

☐ \$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 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**

RD James Consultants 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 03/31/2017 and assigned
Florida document number L17000072948.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Liberty Adjusters LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

No Change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No Change

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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☐ Change
☐ Add
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(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 8th 2023

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee

Sworn Affidavit

The State of Florida

County of Hillsborough

I Ryan D. James, of 10734 Whitland Grove Dr., Riverview, Florida Do Solemnly Swear That:

I am the owner of RD James Consultants LLC which is the managing company of Liberty Adjusters LLC. RD James Consultants LLC has been operating as DBA Liberty Adjusters since June 2018. On 08/07/23 I voluntarily dissolved Liberty Adjusters LLC so that I could permanently change the name of RD James Consultants LLC to Liberty Adjusters LLC. I have no intentions of reactivating Liberty Adjusters LLC that I dissolved on 08/07/23.

All statements made are for my own knowledge and are true and that all statements mane on information and belief are believed to be true.

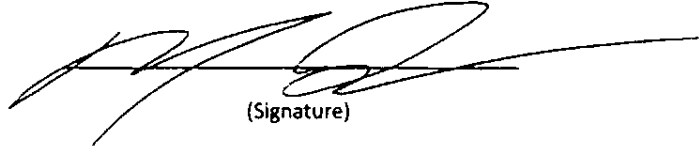
I declare under penalty of perjury that the foregoing is true and correct. Executed this 20th day of September.

State of Florida

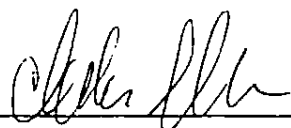
County of Hillsborough

Subscribed and sworn to before me, by means of ☒ physical presence or ☐ online notarization on the 20th day of September, 2023

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(Signature)

Ryan James

Signature  (seal) My Commission expires: 06/13/2026

Notary Public

