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OBJECT

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Omend/ Name Change

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COVER LETTER

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· Claim Solu SUBJECT:	tions Public Adjusting, LLC	a			
	Claim Solutions Public Adjusting, LLC Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: Michael Vitale Name of Person Builder's Perspective, LLC Firm/Company 3599 Willouron Plantation Ln Address Milton, FL 32571 City/State and Zip Code mlvitale@outlook.com E-mail address: (to be used for future annual report notification) author information concerning this matter, please call: sael Vitale Name of Person Area Code Daytime Telephone Number Seed is a check for the following amount:				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael Vitale				
		Name of Person			
	Builder's Perspective, LLC				
	 				
	3599 Willouron Plantation Ln				
	Address				
	Milton, FL 32571				
	-				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please ca	all:		= 1,000	
Michael Vitale		at ()		- (3)	
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:			ATION ATION	
□ \$25.00 Filing Fee		Certified Copy	Certificate of State Certified Copy	us &	

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

Claim Solutions Public Adjusting, LLC (Name of the Limited Liability Company as it now appears on our records.) Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/05/2017}{1}$ and assigned Florida document number L17000121720 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Builder's Perspective Public Adjusting, LLC 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: Builder's Perspective, LLC Name of New Registered Agent: 3599 Willouron Plantation Ln New Registered Office Address: Enter Florida street address _, Florida 32571 Zip Code Milton

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.

City

anging 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	Baker, Andrew	3599 Willouron Plantation Ln	□Add
		Milton. FL 32571	■Remove
			□Change
MGR	Vitale, Michael	3599 Willouron Plantation Ln	□Add
		Milton, FL 32571	■Remove
			□Change
MGR	Builder's Perspective, LLC	3599 Willouron Plantation Ln	■Add
		Milton, FL 32571	□Remove
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Filing Fee: \$25.00