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COVER LETTER

plic Adjusting LLC				
	ited Liability Company		-	
`Amendment and fee(s) are sub	mitted for filing.			
Robert Donnelly				
	Name of Person			
Power Public Adjusting L	LC			
	Firm/Company		-	
2407 Rew Circle Ste. 105	5A			
	Address			
Ocoee, FL. 34761			•	
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he following amount:				
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	cate of ed Copy	Status &
	Amendment and fee(s) are subsondence concerning this matter Robert Donnelly Power Public Adjusting L 2407 Rew Circle Ste. 102 Ocoee, Fl 34761 bob@powerpublicadjusting E-mail address: (concerning this matter, please concerning this matter) of Person the following amount: \$\Begin{align*} \text{S30.00 Filing Fee & \text{S40}} \text{\$\text{S40}} \text{\$\text{Fee} \text{\$\text{S40}} \t	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Independence concerning this matter to the following: Robert Donnelly Name of Person Power Public Adjusting LLC Firm/Company 2407 Rew Circle—Ste. 105A Address Ococe, FL. 34761 City/State and Zip Code bob@powerpublicadjusting.com E-mail address: (to be used for future annual report not concerning this matter, please call: at (407	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Condence concerning this matter to the following: Robert Donnelly Name of Person Power Public Adjusting LLC Firm/Company 2407 Rew Circle Ste. 105A Address Ococe, FL. 34761 City/State and Zip Code bob@powerpublicadjusting.com I:-mail address: (to be used for future annual report notification) concerning this matter, please call: at (407	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Condence concerning this matter to the following: Robert Donnelly Name of Person Power Public Adjusting LLC Firm/Company 2407 Rew Circle Ste. 105A Address Ococe, FL. 34761 City/State and Zip Code bob@powerpublicadjusting.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (407

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

Power Public Adjusting LLC				
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on or oited Liability Company)	ir records.)		
The Articles of Organization for this Limited Liability Comp	oany were filed on 09/05/20	17	and ass	igned
Florida document number L17000188813				
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 designat	ion "LLC" or the abbi	reviation "L.	IC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u>s</u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)	·			
		<u> </u>		
B. If amending the registered agent and/or registere	d office address on our	records entér ti	 he name	of∵thè n
registered agent and/or the new registered office address		-	ر د.ب	144.1
			۲.	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	et 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>	Address	Type of Action
AMBR	Burns Anthony J	2525 Clifcorn Dr	□ Add
		Beliot, WI. 53511	Remove
			□ Change
			Add
			☐ Remove
			Add
			Remove
			☐ Change
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Typed or printed name of signee

Filing Fee: \$25.00