## LM000255249

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine.ik Hamber)
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## **COVER LETTER**

TO: Registration So Division of Cor					
Action1 Ac	ljusters LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	_			
	David Mercado				
	<del></del>	Name of Person			
	Action1 Adjusters LLC				
		Firm/Company			
	1318 Sassafras Ave				
		Address			
	Altamonte Springs, FL 327	714			
	Daveadjuster@gmail.com	City/State and Zip Code			
	E-mail address: (	to be used for future annual report notif	ication)		
For further information e	oncerning this matter, please co	all:		2018	
David Mercado		407 865-0901		五 五	
Name o	f Person		Telephone Number	B 1	
Enclosed is a check for the	he following amount:			A H	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	ng Fee,	

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

Action1 Adjusters LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 12/13/17	and assigned
Florida document number 1.17000255249	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or	registered office address on our records, ente	er the name of the no
registered agent and/or the new registered offic	<u>ce address here</u> :	
		E E
Name of New Registered Agent:		
New Registered Office Address:		1 > 0
	Enter Florida street address	
	, Florida	Zin Code
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## 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	David Mercado	1318 Sassafras Ave	
		Altamonte Springs, FL 32714	■ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			Change
	<del></del>		→ Remove
			Change
		,	Add
			Remove
			☐ Change

ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing. Phaso ote:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will rocument's effective date on the Department of State's records.  The goth day after the record is filed.	
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The 90th day after the record is filed.	
January 20	<u>,</u> • 6
ated January 29	
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Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00