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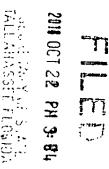
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COVER LETTER

subject:A	Juster Gloup (Name of Lim	H Central Fluida ited Liability Company	uc		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Maileny	Valenzuela Name of Person			
		Firm/Company			
	318 NO John	Young Pkwy Sui	te 3.		
	Kissimmee	City/State and Zip Code		2811	
	E-mail address: (to be used for future annual report note	fication	1 0CT	
For further information e	oncerning this matter, please ca	ult:		T 22	CATAL
Mailery Va	Lenzvela Person	at (<u>407</u>) <u>747 -</u> Area Code Daytina	05 43 e Telephone Number	PH 9: 81	
Enclosed is a check for th	ne following amount:			**	
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate (Certified Co tadditional cop	of Status & opy	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Adjuster Grou Name of the Limited Liabili	ity Company as it now appears on our records.)	<u>IC</u>	_	
(A Florida	a Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number <u>L18000044004</u>	,	and a	assigne	:d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
Adjuster Groups UC				
The new name hust be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."	•
Enter new principal offices address, if applicable:			2	
(Principal office address MUST BE A STREET ADDI	RESS)		=	77
		***	CT	(2.25 m)
		S3.	25	3
Enter new mailing address, if applicable:			7	
(Mailing address MAY BE A POST OFFICE BOX)		``-	ÇĢ	
			d13	
B. If amending the registered agent and/or registered agent and/or the new registered office add		r the nam	<u>ie of t</u>	<u>he new</u>
Name of New Registered Agent:	·			
New Registered Office Address:				
	Enter Florida street address			
	Florida			
	City	Zip Coo	le	-

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.

W Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = N $AMBR = N$	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
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fective date, if other than the date of film effective date is listed, the date must be specific ote: If the date inserted in this block does no becoment's effective date on the Department of	and cannot be prior of meet the applica	able statutory fil	more than 90 days a	ptional) der filing.) Pursuar this date will not	nt to 605 be list	6.0207 ed as
record specifies a delayed effectiv The 90th day after the record is file	e date, but no ed.	t an effective	time, at 12:0	1 a.m. on the	earlie	er of:
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Page 3 of 3

Filing Fee: \$25.00